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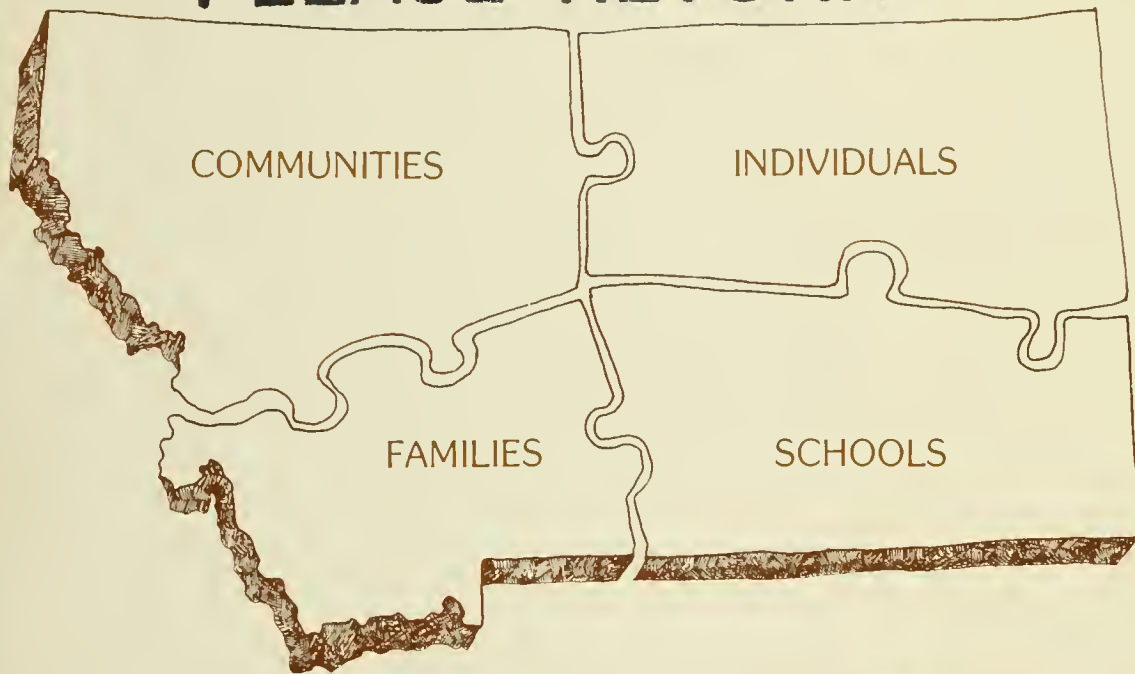
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GUIDELINES FOR DRUG AND ALCOHOL PROGRAMS

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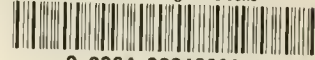
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# **TOGETHER**

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GUIDELINES FOR DRUG AND ALCOHOL PROGRAMS

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September 1983

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# ACKNOWLEDGEMENTS

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Recognition and special appreciation are extended to the many individuals and groups who contributed to the development of this publication.

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# TABLE OF CONTENTS

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Acknowledgements .....	iii
Foreword .....	vi
Purpose .....	1
Part I: Levels of Programs .....	3
Primary Prevention	
Early Intervention	
Treatment	
Aftercare	
Part II: Steps in Program Development .....	5
Step 1—Organize a Community Effort	
Step 2—Assess Needs and Define the Problem	
Step 3—Establish Program Goals and Objectives	
Step 4—Determine Program Activities	
Step 5—Analyze Resources—Identify Training and Technical Assistance	
Step 6—Implement the Program	
Step 7—Evaluate Accomplishments	
Part III: Resources .....	25
Montana Resources	
National Resources	
Curriculum Resources	
Appendices .....	49
Appendix A—Assessment Instruments	
Appendix B—Referral Forms	
Appendix C—Policy Statements	





# FOREWORD

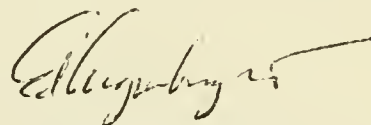
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Every community in Montana is subject to the adverse effects of drug and alcohol abuse. Some communities are addressing the problem through prevention, intervention, treatment, and aftercare programs. Such programs are being planned and implemented by various individuals and organizations within the communities.

Despite the existence of some drug education and abuse prevention programs, the drug and alcohol problem among our youth is still present. There is a critical need for every community in our state to develop and implement an effective program.

Prevention of drug abuse problems must be a focal point of any community's efforts. Our schools, together with individuals, parents and community groups, can help our children and youth develop wholesome and productive lives.

The guidelines in this publication recognize the vital role of each school in developing a coordinated community plan to effectively combat the drug and alcohol problem.



*Ed Argenbright*  
State Superintendent



# PURPOSE

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The purpose of these guidelines is to provide schools and communities with a functional document which may assist them in developing cooperative drug and alcohol programs. The process that causes schools to cooperatively assess, design, implement, and evaluate comprehensive programs. The guidelines are not intended as a definitive program model. Rather, they outline a process that allows schools and communities to build programs unique to their needs and varying characteristics. Most important, the process changes the direction of schools and communities from that of being primarily responsive to crisis situations to one of advocating a proactive approach to prevention.

The need for school and community action is substantiated by sobering statistics from schools and the Montana Highway Patrol.

## Drug and Alcohol Use

The following statistics are from a survey conducted by Great Falls Public Schools in December 1982:

- 90.3 percent of high school students used alcohol or other drugs.
- 36.9 percent of high school students used drugs weekly.
- 81.1 percent of ninth graders had already experimented with alcohol or drugs.
- 48.3 percent of seventh graders had tried drugs or alcohol.
- 6.6 percent of high school students experimented with alcohol or drugs before the sixth grade.
- 13.5 percent of seventh and eighth graders had experimented with alcohol or drugs before the sixth grade, indicating that use is starting at an earlier age.
- 54.7 percent of high school seniors mixed driving and drugs.

These statistics are from one Montana community. Other communities report similar findings, which indicate that the statistics may be representative of communities throughout the state.

# Drinking and Driving

Statistics from the Montana Highway Patrol (January 1983) show that:

*In one year there were 338 driving fatalities:*

- 67 were teenagers (37 had been drinking).
- 20 percent of all fatalities were teenagers.
- 55 percent of teenage fatalities had been drinking.

*The following year, there were 249 driving fatalities:*

- 53 were teenagers (31 had been drinking).
- 22 percent of all fatalities were teenagers.
- 60 percent of all fatalities had been drinking.

**Alcohol and drug abuse is a major problem affecting Montana youth. Schools and communities are recognizing the vital role they serve in intervening in the problem.**

Attempts to alleviate alcohol and drug abuse among students in a school setting have ranged from one-time assemblies, led by celebrities and authorities on drugs, to increased surveillance of school facilities and stricter punitive measures for student offenders.

Historically, school-based drug and alcohol programs focused on giving young people information about the dangers of drug use—a “scare tactic” approach that ultimately was found to be ineffective and counterproductive. Recent evidence indicates that more comprehensive methods show considerable promise. Comprehensive programs are aimed at developing an individual’s social competencies, promoting alternatives, providing accurate information, and strengthening the individual’s support system to include family, school, and community environments.



The approach presented in these guidelines is founded on the premise that individuals freely choose to use drugs and alcohol, and that families, schools and communities *can affect* those choices through comprehensive drug and alcohol programs. Because schools are a focal point in most Montana communities, they may serve as a catalyst to positively effect a cooperative approach to the drug and alcohol program.

Drug and alcohol abuse is not merely a school problem, but touches all segments of society. Schools alone cannot effectively address the problem. The issues of drug and alcohol abuse are multi-faceted and must be addressed through a multi-organization endeavor. Collectively, individuals, families, schools, and communities must collaborate to develop and implement effective programs.

## Part 1

# Levels of Programs

---

The four levels of a comprehensive drug and alcohol program are defined below. Each level is of equal importance and should be addressed in program development.

### **Primary Prevention**

Primary prevention focuses on individuals who have not experienced any serious problems related to the use of drugs, including alcohol. Individuals are assisted in acquiring knowledge, understanding, and awareness about drugs and their misuse. Decision-making skills and an awareness of personal values related to drug use are developed. Emphasis is placed on rewarding a positive lifestyle that does not include the use of drugs.

### **Early Intervention**

Early intervention focuses on individuals who have an identified potential for drug and alcohol abuse or who have experienced some problems resulting from substance use. This program level provides intervention at an early stage by giving individuals the needed resources to prevent further problems.

### **Treatment**

Treatment focuses on individuals who are experiencing repetitive, harmful consequences of drug and alcohol use. Schools are not responsible for this service.

Types of treatment may range from isolated residential services to outpatient care.

## **Aftercare**

Aftercare focuses on individuals who have received or are receiving treatment services and are in school. These individuals are given planned, supportive after-care services from the school as well as the treatment source.



## Part II

# Steps in Program Development

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Schools and communities that wish to establish a comprehensive drug and alcohol program will find that effective programs require a sound planning process. This process takes into account the entire school and community as it assesses the problem and prescribes solutions. In these guidelines, the process is presented in seven sequential steps which together offer a practical and functional approach to program planning. Those steps are:

- Step 1: Organize a Community Effort
- Step 2: Assess Needs and Define the Problem
- Step 3: Establish Program Goals and Objectives
- Step 4: Determine Program Activities
- Step 5: Analyze Resources—Identify Training and Technical Assistance
- Step 6: Implement the Program
- Step 7: Evaluate Accomplishments

### Step 1: Organize a Community Effort

Drug and alcohol program efforts have had limited success in the past decade. School and community-funded projects were often hurried efforts to react to the consequences of drug- and alcohol-related incidents rather than to the causes. Most projects were fragmented and lacked the unified efforts of individuals, families, schools, and community organizations.

To be successful, comprehensive programs must be organized, coordinated, and fully integrated into the existing network of school and community services. While it may be difficult for new programs to get started, the task will be impossible if it attempts to compete with, replace, or duplicate an existing program or service within the community system. Thus, the developmental stage of program planning must consider both the social and cultural structure of the community.

Community size may influence the organization of program planning. In smaller communities, the school is clearly the focal point for program planning. In larger communities, several organizations may be considered the planning focal point.

## SMALLER COMMUNITY

School is clearly the focal point.



COMMUNITY



SCHOOL

## LARGER COMMUNITY

Several organizations may be considered the program's focal point.



COMMUNITY

School

Government

Church

Social/Human  
Services

Law Enforcement

Mental Health

Service Clubs  
and Organizations

Health Services

Drug and Alcohol  
Treatment Programs



Drug and alcohol abuse cuts across all segments of society. Because every individual is potentially affected, community members and the various social segments they represent must join together to constructively overcome the problems of drug and alcohol abuse. No single individual, organization, or group can have the impact necessary to productively diminish the negative effects of drug and alcohol abuse.



## **The Cooperative Team Approach: Six Steps in Organizing It**

A cooperative school/community approach has proved to be a successful means to coordinate efforts in communities of various sizes—both throughout Montana and the nation. The tasks involved in organizing a school/community effort are as follows:

### **1. Determine the size of the school/community committee.**

The committee will usually have less than 15 people, representing a cross section of school staff, students, and community organizations.

### **2. Identify the members.**

The committee should include a school administrator, counselor, several teachers, students, parents, and representatives of community organizations, such as medical groups, social, and health agencies, government, clergy, media, law enforcement, drug abuse agencies, and youth organizations. Members selected should include:

- those directly involved with drug and alcohol abuse
- those indirectly affected by drug and alcohol abuse
- those directly or indirectly allowing drug and alcohol abuse
- those having professional concerns
- those desiring to help

### 3. Organize and develop committee cohesiveness.

Interrelationships formed through cooperation and participation among school and community representatives will foster the concept of program ownership. Individuals and groups are more likely to contribute their time and resources when program ownership is accepted.

### 4. Establish the committee's purpose, function, and goals.

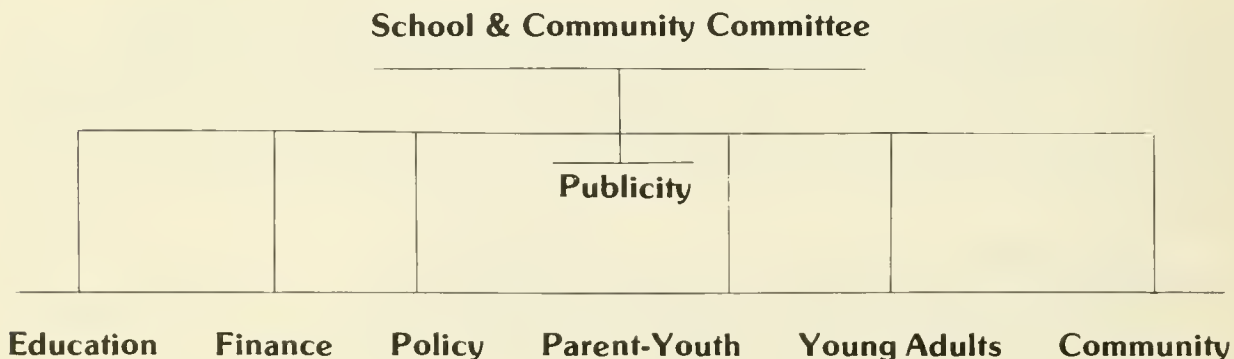
A clear statement of intent will give purpose and direction to the members. A sample statement is given in the inset below.

#### STATEMENT OF INTENT (Sample)

- Purpose:** The purpose of this committee is to develop an ongoing effort within the community to recognize and constructively address the community's needs regarding drug and alcohol abuse.
- Function:** This representative committee is primarily a steering committee whose function is to work within existing social structures (agencies, institutions, organizations, etc.) in order to carry out its purpose.
- Goals:** The long-range goals for this effort are:
1. To ensure that an ongoing community drug and alcohol program is planned, initiated, and implemented.
  2. To make the community aware of the drug and alcohol problem as it exists within the community.
  3. To develop cooperation among all community agencies concerning solutions to the problems young people face in drug and alcohol abuse.

### 5. Form subcommittees to support and supplement efforts.

The following are examples of organizational design and goal statements used by the Havre community:



### **Publicity Subcommittee Goals:**

1. To promote community awareness of the existing drug and alcohol problems within the community.
2. To assist all subcommittees in their publicity needs.
3. To identify and arrange the appropriate means of publicity for the various communication efforts of the program (media, pamphlets, presentations, speakers bureau, etc.).

### **Education Subcommittee Goals:**

1. To seek and evaluate appropriate programs that promote drug and alcohol abuse awareness, prevention, and intervention.
2. To present recommendations on the evaluated programs to the entire committee for its approval or rejection.
3. To work cooperatively with the parent-youth, young adult, and community subcommittees in implementing the approved programs.

### **Finance Subcommittee Goals:**

1. To acquire funding to support the financial needs of programs approved by the entire steering committee.
2. To acquire budget item requests from each of the subcommittees, commensurate with their needs.

---

**Cooperation among school and community committee members will foster the concept of program ownership, encouraging greater participation and program effectiveness.**

---

### **Policy Subcommittee Goals:**

1. To cooperatively work with school personnel in establishing and recommending to the school board policies and procedures that enable school personnel to handle drug abuse and/or alcohol abuse situations.
2. To cooperatively work with law enforcement personnel in establishing and recommending to the local city council specific policies and procedures that enable law enforcement officials to handle drug abuse and/or alcohol abuse situations.
3. To promote interagency cooperation throughout the community for handling drug and alcohol abuse situations.

### **Parent-Youth Subcommittee Goals:**

1. To encourage the initiation and advancement of concerned parent support groups who are concentrating on the pressures young people face when growing up, as these pressures specifically relate to drugs and alcohol.

### **Young-Adult Subcommittee Goals:**

To identify and constructively deal with some of the 18-24 year-old's needs in relation to drug and alcohol abuse.

### **Community Subcommittee Goals:**

1. To continuously assess the nature of drug and alcohol abuse and provide such information to the steering committee.
2. To promote involvement and enthusiasm in the entire program effort by recruiting community members to serve on various subcommittees.



### **6. Determine additional teams needed by each participating organization.**

Based on overall organizational design, each organization involved in the effort may wish to form specific teams to interface and interact with the school/community committee. These teams will plan and implement components of the total program. If, for example, they are school teams, they may be structured according to school buildings, grade levels, and/or identified functions.

The procedures outlined in Steps 2-7 below focus primarily on program development within the schools. However, the descriptions and activities also are appropriate and useful for other organizations.

## **Step 2: Assess Needs and Identify the Problem**

An assessment should be made to determine the local prevalence of drug and alcohol abuse and the community's perception of its extent. While national statistics may offer information on the problem's general significance, the extent of local problems must be identified so that communities can recognize and accept their responsibilities. The assessment involves the following tasks:

### **1. Define needs for data on drug and alcohol abuse.**

Answer the following questions to establish an overview of the assessment process:

1. What do you want or need to know?
2. How will you use the information?
3. What information is already available?
4. How can you obtain additional information needed?
5. What types of assessment will be used?
6. What school and community groups will be assessed?
7. How can the data be compiled and analyzed?
8. Who should be involved in the research? Individuals? Agencies? Others?
9. How much will the assessment cost? What are the sources of funds?
10. Can the assessment be made in the time available to complete it?



11. How will the data be processed for program planning?
12. How should the participating groups and the public be informed of the results?

## 2. Collect and analyze the data.

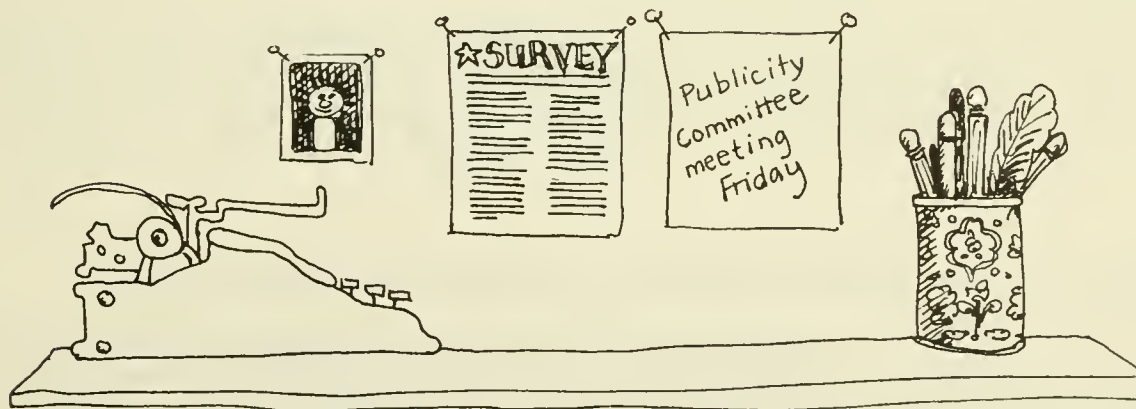
Collect and analyze school- and community-related data which document the extent and nature of local drug and alcohol use. Examples of data are:

### School-Related Data:

- absenteeism
- drop-outs
- suspensions/expulsions
- self-report surveys
- referrals to administrators/counselors
- tardies
- vandalism target areas and costs

### Community-Related Data

- vehicle accidents
- hospital admissions
- deaths, homicides, suicides
- juvenile curfew violations
- per capita consumption of alcoholic beverages
- incidence of child abuse and neglect



## 3. Survey students.

Survey a representative sample of students to determine the extent and severity of drug and alcohol use within the school. Montana schools that have completed this process are an excellent resource for designing and using surveys. (See Appendix A for sample assessment instruments and Part III for a list of Montana resources.)

#### **4. Translate the needs assessment data into problem statements.**

These statements will specifically identify the problem so that further program development may proceed. The following is a sample statement:

### **PROBLEM STATEMENT**

#### **(Sample)**

Drug and alcohol use among youth is a primary concern in our community. This is evidenced by student alcohol and drug abuse and apathy toward school.\* We believe that this is due to a variety of factors, including:

1. the community and society's acceptance of the use of drugs and alcohol;
2. inconsistency in judicial and law enforcement actions;
3. school and families not meeting the needs of students in developing essential life skills and in exploring acceptable alternatives to drug and alcohol use; and
4. insufficient lines of communication between the community, schools, parents, and youth.

We realize that the solution to these problems is a complex matter requiring a cooperative effort between the school and the community. However, we believe that we can implement programs to reduce the problems stated above.

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\*Data from a school survey indicated that, in the past 30 days:

- a. 64.0 percent of the students had used alcohol
- b. 19.0 percent of the students had used marijuana
- c. 6.4 percent of the students had been absent from school due to drugs and alcohol
- d. 69.0 percent of the students say school is boring.

#### **5. Disseminate the information.**

Share the needs assessment data and problem statement(s) with community agencies, organizations, and the public in order to generate awareness and support. The school/community committee can be used in this effort.

## **Step 3: Establish Program Goals and Objectives**

After a comprehensive needs assessment has been completed and the data have been translated into problem statement(s), the next step is to formulate program goals and objectives. These provide general program intentions and specific outcomes to meet the identified needs.

The importance of setting well-defined program goals and objectives cannot be overstated, for it is against these claims that the program will ultimately be evaluated. Only when goals and objectives are clearly defined is it possible to evaluate progress or program accomplishments. Care must be taken from the start to maintain manageable goals and objectives. The best strategy is to start small and build gradually. Otherwise, the program may be faced with overwhelming

goals and objectives and will risk alienating community members should it not meet them.

A *goal* is a statement of purpose that is developed in direct response to problems identified by the needs assessment process. As statements of general intent, goals lead to objectives. The following are sample goal statements for school/community programs:

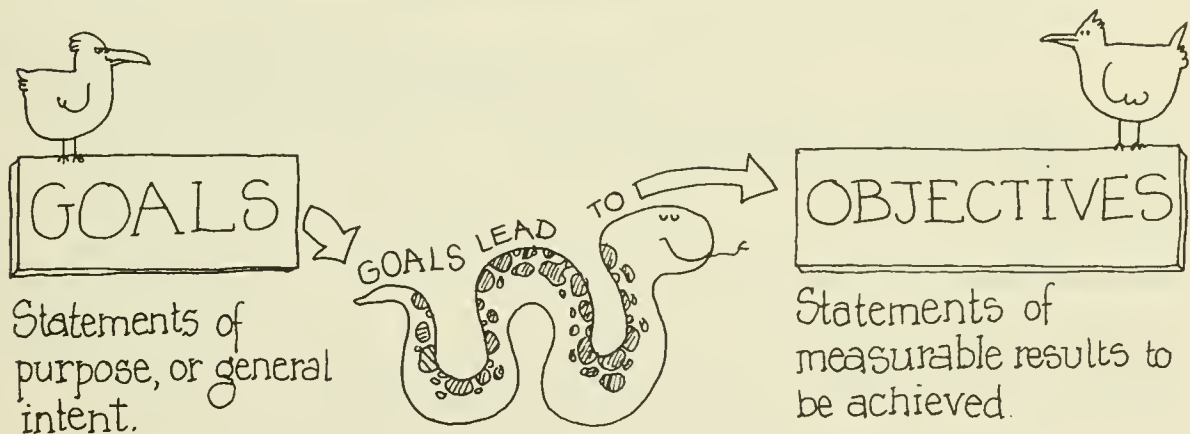
GOAL: To provide students with appropriate information and developmental experiences necessary to make responsible life decisions, including decisions about chemical use.

GOAL: To identify and intervene with students whose behavior may indicate a chemical-use problem before dependence or a crisis occurs.

An *objective* is a statement of measurable results to be achieved. Each goal may have several objectives. Clearly-defined objectives state *what* will be done, *how* it will be measured, and *when* it will be accomplished. Sample objectives are:

OBJECTIVE: By May 30, 1984, K-12 teachers will have developed, adopted, and implemented written prevention-oriented curricular components—as evaluated by a district-appointed committee—to become part of the total school curriculum.

OBJECTIVE: By May 30, 1984, a student assistance program for the grade 7-12 student population will be established, implemented, and evaluated by a year-end report.



## Step 4: Determine Program Activities

Program activities are the methods used to meet goals and objectives. After objectives have been established for each goal, determine the specific activities for achieving each of those objectives. Sample program activities include:

ACTIVITY: A core team of selected staff members will be trained to develop and implement an intervention and referral program.

ACTIVITY: Six staff members will be trained to design and facilitate student support groups.

**ACTIVITY:** All certified staff will participate in a minimum of six hours of drug and alcohol awareness training.

Selected activities should be based on a consideration of comprehensive program components. These components, identified through research, represent general areas under which specific activities may be determined. A single component or activity should not be considered a comprehensive program effort.

### **Component 1: Social Competencies**

A factor commonly correlated with an absence of alcohol and drug use problems is the application of appropriate social competencies. Optimal development of social competencies enhances self-esteem, communication skills, decision-making skills, and interpersonal relationships that are incompatible with drug and alcohol use. Specific activities include:

1. Developing classroom activities in life-coping skills such as communication, problem-solving, decision-making, and interpersonal relationships.
2. Developing classroom activities for students to explore and enhance their self-esteem.
3. Training school staff in methods of positive reinforcement for desired behavior.
4. Designing peer counseling and peer tutoring programs.
5. Providing leadership training with the "natural" leaders in the school for the purpose of skill development and positive role modeling.
6. Examining the existing school curricula to determine where social competencies skills can be integrated.

### **Component 2: Providing Information**

Accurate information about the physical and psychological effects of drug and alcohol use is essential since such information gives facts and figures about the consequences of substance use. Specific activities include:

1. Examining health curricula within the school district for study units on the effects of drugs on the body.
2. Supplementing the health units with additional pharmacological information.
3. Requesting the local law enforcement "drug unit" to make classroom presentations.

Research indicates that informational activities will have a minimal deterrent effect on drug and alcohol use when used as the *only* program technique. Thus, both Components 1 and 2 should be addressed through the development of a *total* school curriculum.

If the drug and alcohol problem is significant enough to promote total community involvement, then it deserves recognition within the school curriculum. Use the



school's standard procedures in the selection and development of curricula, giving consideration to these specific issues:

1. Determine the body of knowledge and skills on drugs and alcohol that are to be taught within the school curriculum. The curriculum should emphasize social competencies (affective learning) as well as information (cognitive learning). In addition, the curriculum should be comprehensive in scope, starting at the kindergarten level and extending through grade twelve.
2. Identify what is currently being taught about drug and alcohol use—at each instructional level and subject area.
3. Determine if additional efforts must be made to improve the curriculum. Select and include a series of concept skills and attitudes at each instructional level and subject area. The series should meet the identified body of knowledge and skills to be taught.
4. Specify the discipline areas within which the concept skills and attitudes will be taught.
5. Ensure that adequate training and materials are available to assist with the curriculum implementation.
6. Establish procedures for ongoing evaluation and program accountability.

See Part III for Curriculum Resources.

### **Component 3: Promoting Alternatives**

The use of drugs and alcohol is frequently a response to boredom, frustration, pain, feelings of powerlessness, and peer pressure. Drugs and alcohol are used in the search for new experiences and involvement or senses of well-being, self-understanding, and belonging. Drug and alcohol use can be diminished by providing alternative approaches to the fulfillment of human needs. Specific activities include:

1. Developing recreational alternatives through intramural sports, performing arts, and other extracurricular activities.
2. Identifying volunteer and service organizations for student participation.
3. Developing a booklet of community resources for youth activities.
4. Offering “mini-courses” during a portion of each semester, based on student interest.
5. Promoting youth activities such as youth clubs, summer camps, and cultural and community projects.

### **Component 4: Designing Student Assistance Programs**

Student assistance programs provide early intervention, crisis intervention, and referral and/or support services for students who may have problems with drug and alcohol use. School policy must address the types of services given, referral procedures, and the confidentiality rights of students and parents. In addition,

training is essential to develop and implement student assistance programs (see Part III for a list of resources).

Types of student assistance programs may include the following:

### **Intervention and Referral**

The early intervention program assists students whose behavior may indicate drug- and alcohol-related problems. The intervention program is a means for trained school staff to identify potential problems and make referrals to appropriate community resources.

More specifically, school staff, parents, or peers identify students with problem behaviors through an informal behavioral assessment. The information is relayed to a designated core team of trained school staff, which collects further data and assesses the information. Parents may be contacted and referrals may be made to appropriate agencies for specialized services. In some cases, chemical use may not be identified as a reason for problem behavior; thus, other appropriate referrals may be made. The goal of this kind of student assistance program is early intervention and referral to appropriate community resources. (See Appendix B for samples of referral forms.)

### **Crisis Intervention**

Student assistance programs may include services specifically designed for crisis intervention. A crisis intervention program typically provides intervention/education groups that allow students to evaluate their use of drugs and alcohol and its consequences. Crisis intervention programs, sometimes referred to as "Insight Groups," or "Minors in Possession" programs, generally are offered as alternatives to suspension from school or as a condition for reentry.

School and community crisis intervention programs may receive referrals from school officials when school codes involving chemical use or possession have been violated. Referrals for such programs also may originate from law enforcement or judicial sources.

### **Support Groups**

Voluntary peer support groups are designed to meet students' specific needs in relation to drug and alcohol use. Support groups may be appropriate for students who:

- are concerned about their own use of substances.
- are concerned about the use of substances by someone close to them.
- have completed a chemical dependency treatment program.
- would otherwise be suspended or expelled from school because of substance abuse problems.

In order to be effective, support group activities must be conducted by individuals who have received specific training.

## Component 5: Effecting Policy

Policy can be effected on a broad scale through national and state efforts, including legislation and media involvement. However, the program team will have the greatest impact on the development of local community and school policies.

One of the purposes of school policy is to prevent and control drug and alcohol use in schools, as well as facilitate guidance for all students and school personnel regarding the problems of drugs and alcohol. Policy also should permit assistance to students and their families who are experiencing drug and/or alcohol problems. In addition, personnel policies regarding employee/employer drug and alcohol use should be considered.

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**Policies on drug and alcohol use can be effected through state and national efforts. But the program team will have the greatest impact on *local* community and school policies.**

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The development of school policy will be enhanced by the inclusion of *all* segments of the community. Representative participants may review current policy, analyze data, and develop new policy recommendations. (See Appendix C for samples of school policies.)

## Component 6: Developing Resources

In order to strengthen the total program support system within a community, it is necessary to provide individuals with specific skills through training efforts. Training should be designed to help individuals examine their attitudes on drug and alcohol use and how those attitudes affect the way they respond. In addition, training may help individuals identify their roles in comprehensive program efforts. Specific activities include:

1. Training community groups for long-range change.
2. Coordinating the efforts of local parent groups, youth groups, church organizations, law enforcement and government agencies, service clubs, and school personnel through a drug and alcohol training program.
3. Providing parent skills enhancement through school and community education programs.

---

The matrix on page 18 illustrates the relationship of program components to the four levels of comprehensive drug and alcohol programs. The examples of program activities encompass both school and community activities.



# Program Activities: Levels & Components

LEVELS	COMPONENTS		
	Enhancing Social Competencies	Providing Information	Promoting Alternatives
Primary Prevention	Curriculum which includes life-coping skills.	Examining K-12 curriculum for units on alcohol or drugs.	Classroom activities which help students determine what they like to do.
Early Intervention	Support groups for high-risk students.	Information to faculty on alcohol and drug use behaviors.	Providing satisfying activities for high-risk populations.
Treatment	Group counseling—in or out-patient treatment.	Driving while intoxicated classes for first offenders.	Experiencing other ways to satisfy needs fulfilled by alcohol and drugs.
Aftercare	Information for faculty on treatment to support returning students.	Alcohol and drug updates sustain non-involvement.	Providing satisfying activities for high-risk population.
LEVELS	COMPONENTS		
	Designing Student Assistance	Effecting Policy	Developing Resources
Primary Prevention	Providing "Concerned Person" support groups.	Influencing legislation on legal age for alcohol purchase.	Training parents and teachers in communication skills.
Early Intervention	School provides an intervention and referral program.	Local school role in identifying and assisting students with alcohol and drug problems.	Training core team of school staff to design and implement student assistance program.
Treatment	Identifying treatment services for students.	Procedures for assisting parents with alcohol and drug dependent children.	Training for community representatives to provide support groups for parents.
Aftercare	Support groups for students returning from residential treatment.	Regulations which support students returning from treatment.	Providing skills for school counselor to better work with students experiencing drug or alcohol problems.

## **Step 5: Analyze Resources — Identify Training and Technical Assistance**

Resources—including time, personnel, materials, training, and technical assistance—must be analyzed to determine:

- What is needed?
- What is available?
- What must be developed?
- What are the sources of funding?

The matrix on page 20 may be used to analyze specific resources and their capacity to meet identified program needs.

Continuous training will be necessary to build and maintain school and community efforts toward a comprehensive drug and alcohol program. Developing essential knowledge and skills *within* a school and community will reduce dependency upon outside resources.

Training is necessary for those who provide the program's administrative and resource support—including school personnel, board members, and representatives of community organizations. Training a cross section of the community creates an increased sense of "investment" in the program, and these persons can in turn train others within their respective agencies and organizations.

Continuous training will be necessary on several levels:

### **Level 1: Awareness**

Ongoing training will be needed to make school personnel, parent groups, and community organizations aware of the nature, extent, and seriousness of drug and alcohol problems. Training programs should offer opportunities to gain an understanding of current approaches, knowledge, and skills used in drug and alcohol programs.

### **Level 2: Program Design**

School and community individuals may require training or technical assistance that is specifically needed for developing drug and alcohol programs—including skills in program design, assessment, implementation, and evaluation.

### **Level 3: Specialized Skills**

Individuals within the school and community will need specific knowledge and skills to conduct awareness programs, design student assistance programs, and make appropriate referrals to professional services in the community.

Training programs at all levels must be ongoing and, to the extent possible, use existing resources. An important resource for any drug and alcohol program is

*continued on page 21*

## Analyzing Specific Resources

Funding	Advocacy	Curriculum Materials	Program Development			Research	Support Services			Treatment Services				Publications	Training and Technical Assistance	RESOURCES
			Evaluation	Planning	Needs Assessment		Aftercare	Youth Groups	Parent Groups	Outpatient	Residential	Age Range	Cost			
Federal Grants and T.A.		Resource Network	Part of training program	Part of training program	Part of training program	Successful school programs									Program Development	Region 8 Training and Development Center
Private			T.A.	T.A.	T.A.										Drug & Alcohol Intervention Training for schools and communities	Community Intervention, Inc.
															Group Facilitator Training	

contact with existing programs in Montana. National resources are also important. (For both types of resources, see Part III.)

## Funding

A comprehensive drug and alcohol program will require a fund raising plan. Just as the program design is a cooperative effort between the school and community, fund raising must also be a cooperative endeavor.

A financial plan is based on the identified program needs and an analysis of resources needed. Funding sources may include:

### School Sources

- Block grant monies
- Local funds

### Community Sources

- Community service clubs (e.g., Kiwanis, Rotary, Lions, Junior League, PTA, Jaycees, Jayceens, local medical associations)

### Other Sources

- State agencies
- Private sources, including foundations, banks, businesses, corporations, non-profit groups, etc.
- Region 8 Training and Development Center



## Step 6: Implement the Program

Program implementation is the process of putting the identified activities into effect. For successful program activities, the following must be determined:

*Person(s) responsible*—assigning the person(s) responsible for carrying out the activity.

*Resources*—identifying resources needed to accomplish the activity.

*Timeline*—determining dates for starting and completing the activity.

The coordination of responsible person(s), resources, and timelines will furnish a "plan of action" for program implementation.

The person(s) primarily responsible for each activity may choose to further organize the activity into tasks. An activity worksheet is useful and may follow this sample format:

### ACTIVITY WORKSHEET (Sample)

**GOAL:** To identify and intervene with students whose behavior may indicate a chemical use problem, before dependence or a crisis occur.

**OBJECTIVE:** By May 30, 1984, a student assistance program for the grade 7-12 student population will be established, implemented, and evaluated by a year-end report.

Activities	Person Responsible	Resources	Date Started	Date Completed	Evaluation
A core team of staff will be trained to develop and implement an intervention and referral program.	Core Team	Training workshop	10/25/83	10/28/83	
Six staff members will be trained to design and facilitate student support groups.	Six staff	Training	11/15/83	11/18/83	



## Step 7: Evaluate Accomplishments

Evaluation is an integral part of any drug and alcohol program. It's a process that will determine the effectiveness of the program, give the program accountability, and contribute to the decision-making process.

Program evaluation can be conducted at various levels. The first level is merely a documentation of the successful completion of program activities. The second level is an audit of program objectives. Since evaluation criteria are usually included in the objective statements, this level becomes a matter of collecting, analyzing, and reporting the data secured from the objectives audit. The third level is the application of other evaluative techniques to compile data on the overall program accomplishments.

A variety of evaluation methods may be used at the second and third levels. Some methods are:

*Pre/Post attitudinal*—measures the attitudinal impact of program activities on the participants.

*Physical evidence*—documents observable physical changes in the environment such as a decrease in alcohol beverage containers in areas where students congregate.

*Pre/Post test*—measures the degree of increased knowledge about drug and alcohol use.

*Observations, self-reports, reports from community agencies and services*—measures the extent to which program activities were able to bring about actual changes in participants' behavior.

*Statistics or control groups*—documents teenage drug- or alcohol-related arrests, accidents, and school suspensions or expulsions.

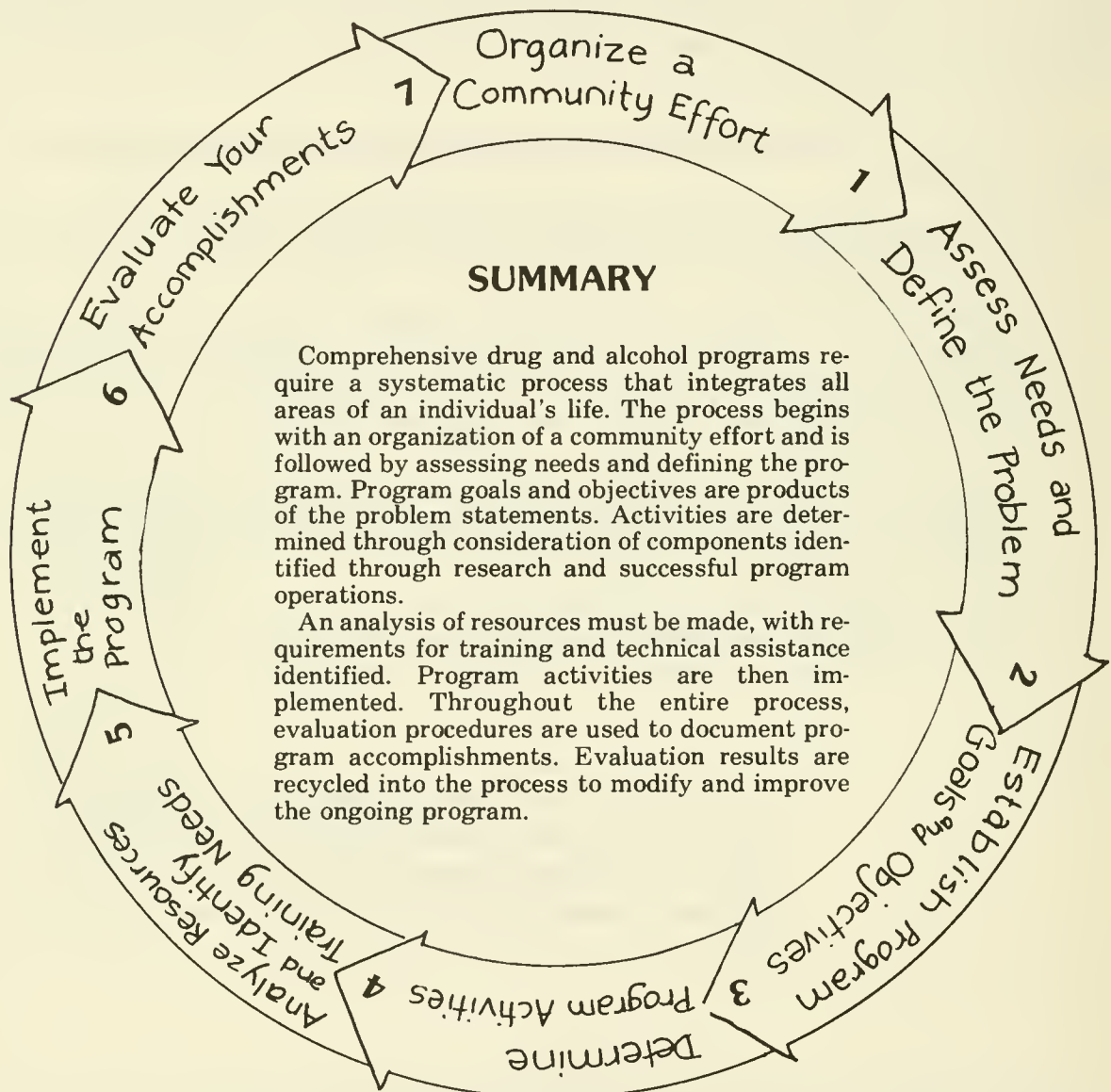
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**Evaluation—an integral part of any drug and alcohol program—will determine the effectiveness of the program, give it accountability, and will contribute to the decision-making process.**

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To ensure that the evaluation process is given adequate attention, one or more individuals should be delegated responsibility for program evaluation. It is logical that some evaluation data will be completed by the individuals responsible for specific activities. In addition, a school committee, joint school and community committee, or outside evaluators may be used for the overall program evaluation. However, the person(s) designated as program evaluator would be primarily responsible for compiling data, assessing program successes, and reporting data to others.

Evaluation—an ongoing process—establishes a self-correcting mechanism by recycling collected data and modifying unrealistic objectives or ineffective activities. Evaluation begins at the planning stages and continues throughout program implementation.



## Part III

# Resources

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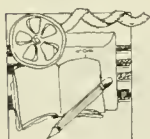
This section is a collection of important resources for drug and alcohol programs. It is divided into three parts:



**Montana Resources**—school and community programs, state agencies, and service providers.



**National Resources**—publications, resources for training and consultation.



**Curriculum Resources**—programs, media kits, and audio-visuals.

This section is not complete nor is it intended to recommend one resource over another. Exclusion of any program or resource is not intentional. The list represents a compilation of resources that currently exist or are being used by specific schools and communities in the state.

In order to gather your input, an evaluation form is included at the end of this section (page 47). Your assistance will be necessary to continually update and revise these resources.

# MONTANA RESOURCES

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The following list includes existing drug and alcohol programs that were brought to the attention of the Office of Public Instruction (OPI) at the time this publication was produced. Because OPI recognizes that many schools and communities are in the process of developing drug and alcohol programs, the intent is to continually identify such programs and make timely updates of this section.

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## School and Community Programs

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Bozeman Public Schools  
Dorothy Decar-Shannon  
P.O. Box 520  
Bozeman, MT 59715  
586-8211

Billings Public Schools  
Gary Rogers, Director of  
Secondary Education  
101 10th St. W.  
Billings, MT 59102  
248-7421

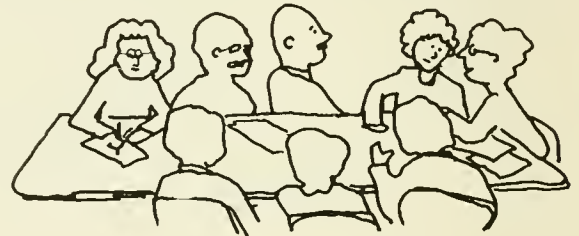
Butte Public Schools  
Joyce Coombe, Director  
of Nursing  
111 North Montana St.  
Butte, MT 59701  
782-8315

Cut Bank Public Schools  
T.C. Mattocks, Superintendent  
101 3rd Avenue SE  
Cut Bank, MT 59427  
873-2229

Glendive Public Schools  
Calvin McRae, Superintendent  
Box 701  
Glendive, MT 59330  
365-5293

Great Falls Public Schools  
Ken Kelly, CARE Coordinator  
P.O. Box 2428  
Great Falls, MT 59403  
791-2350

Havre Public Schools  
Jim Longin, Asst. Superintendent  
Box 7791  
Havre, MT 59501-7791  
265-4356



Helena Public Schools  
Roger Eble, Superintendent  
Box 5417  
Helena, MT 59604  
442-2590

Laurel Public Schools  
Bob Singleton, Superintendent  
410 Colorado  
Laurel, MT 59044  
628-6921

Roundup Public Schools  
Robert Krogh, Superintendent  
Box 717  
Roundup, MT 59072  
323-1507

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## State Agencies

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### Department of Institutions\*

Alcohol and Drug Abuse Division  
1529 11th Avenue  
Helena, MT 59620  
(406) 449-2827  
*Contact Person:* Darryl Bruno

### Department of Justice\*

Board of Crime Control  
Juvenile Justice Bureau  
303 N. Roberts  
Helena, MT 59620  
(406) 449-3604  
*Contact Person:* Steve Nelson

Highway Patrol Division  
Safety and Education Office  
Room 170, Scott Hart Building  
303 N. Roberts  
Helena, MT 59620  
(406) 449-3000  
*Contact Person:* Sergeant Ray Farrell

Highway Traffic Safety Division  
Administrative Program  
303 N. Roberts  
Helena, MT 59620  
(406) 449-3412  
*Contact Person:* Al Goke

Highway Traffic Safety Division  
Alcohol Information Program  
303 N. Roberts  
Helena, MT 59620  
(406) 449-3412  
*Contact Person:* Candis Compton

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*\*Includes Montana Teenage Institute on Substance Abuse and Rural Schools Technical Assistance Program.*

### Department of Social and Rehabilitation Services\*\*

Community Services Division  
Assistant Administrator  
25 South Ewing  
St. John's Hospital  
Helena, MT 59620  
(406) 449-5674  
*Contact Person:* Bill Collins

Community Services Division  
Assistant Administrator  
1211 Grand Avenue  
Billings, MT 59102  
(406) 252-5601  
*Contact Person:* Richard Kerstein

### Office of Public Instruction

Drug and Alcohol Program  
Department of Special Services  
State Capitol  
Helena, MT 59620  
(406) 449-3082  
*Contact Person:* Sherry Jones

Traffic Safety Program  
Department of Basic Skills  
State Capitol  
Helena, MT 59620  
(406) 449-3126  
*Contact Person:* Curt Hahn

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*\*\*Includes resource information available through SRS and Youth Development workers.*



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## Service Providers

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This list of service providers includes all drug and alcohol treatment programs in Montana. All community outpatient treatment programs listed here have some prevention/education or early intervention activity in the schools in their area. These activities may include:

- Substance abuse information
- Implementing a substance abuse curriculum
- Teacher training
- Student support groups
- Minors-in-possession programs

### Service Providers (Alcohol)

#### Region I

Frances Mahon Deaconess Hospital/  
Chemical Dependency Center  
P.O. Box 4715  
Glasgow AFB, MT 59231  
(Detox, inpatient care)

District I Alcohol Program  
Courthouse Annex  
Glasgow, MT 59230  
(Outpatient)

#### District I Satellite Offices— Outpatient:

Phillips County Alcohol Program  
P.O. Box 1414  
Malta, MT 59538

Sheridan County Alcohol Program  
Courthouse  
Plentywood, MT 59254

Daniels County Alcohol Program  
City Hall  
P.O. Box 385  
Scobey, MT 59263

Alcohol and Drug Abuse Services  
Roosevelt County Courthouse  
P.O. Box 328  
Wolf Point, MT 59201

District II Alcohol and Drug Program  
Glendive Medical Center  
Glendive, MT 59330  
(Outpatient)

#### District II Satellite Offices— Outpatient:

Sidney Alcohol Satellite  
Medical Arts Building  
1209 2nd St. SW  
Sidney, MT 59270

Services also in Circle, Terry and  
Wibaux

District III Alcohol and Drug Program  
321 Main—Office 3  
Miles City, MT 59301  
(Outpatient)

Also serves Broadus, Jordan, Plevna,  
and Ekalaka

#### District III Satellite Offices— Outpatient

Old Hospital Building  
Box 251  
Forsyth, MT 59327

Also serves Hysham, Ashland, and  
Lame Deer

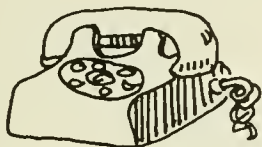
Rosebud County Human Services  
422 Willow  
P.O. Box 750  
Colstrip, MT 59323

P.O. Box 478  
Baker, MT 59313

Fort Peck Tribal Alcoholism Program  
P.O. Box 566  
Poplar, MT 59255

Northern Cheyenne Reservation  
Alcohol Program  
Lame Deer, MT 59043

Pine Hills School for Boys  
Chemical Dependency Program  
Miles City, MT 59301  
(*Outpatient, correctional facility*)



## Region II

Medicine Pine Lodge  
P.O. Box 426  
Browning, MT 59417  
(*Detox, intermediate care, outpatient*)

Fort Belknap Tribes Alcohol Program  
Fort Belknap Reservation  
Box 459  
Harlem, MT 59526  
(*Detox, intermediate care, outpatient*)

Hill-Top Recovery Center  
P.O. Box 750—1020 Assiniboine  
Havre, MT 59501  
(*Inpatient, outpatient*)

### Hill-Top Satellite Offices— Outpatient

Pondera Medical Center  
Box 801  
Conrad, MT 59425

P.O. Box 1384  
Fort Benton, MT 59442  
(also serves Chester)

424 Main, Box 536  
Shelby, MT 59474  
(also serves Cut Bank)

Providence Alcoholism Center  
920 4th Avenue North  
Great Falls, MT 59401  
(*Outpatient*)

Deaconess Medical Center  
Chemical Dependency Unit  
1101 26th St. South  
Great Falls, MT 59405

Rocky Boy Tribal Alcoholism Program  
Rocky Roy Route  
Box Elder, MT 59521

## Region III

Rimrock Foundation  
Box 30374  
Billings, MT 59107  
(*Detox, inpatient, intermediate care, outpatient*)

Sweet Grass County Foundation  
P.O. Box 757  
Big Timber, MT 59011  
(*Outpatient*)

Big Horn County Alcohol Program  
P.O. Box 223  
Hardin, MT 59034  
(*Outpatient*)

Alcohol and Drug Services of  
Central Montana, Inc.  
P.O. Box 963  
Lewistown, MT 59457  
(*Outpatient*)

### Satellite Office—Outpatient

Wheatland Family Services  
P.O. Box 633  
Harlowton, MT 59036

Musselshell County A & D Program  
1201 3rd Street West  
P.O. Box 917  
Roundup, MT 59072  
(*Outpatient*)

### Satellite Office—Outpatient

Golden Valley Foundation  
P.O. Box 186  
Ryegate, MT 59074

Crow Detox Program  
P.O. Box 537  
Crow Agency, MT 59022

South Central Montana Alcohol  
and Drug Program  
1245 North 29th  
Billings, MT 59101  
(*Outpatient*)

### Satellite Offices—Outpatient

Stillwater County Alcohol Program  
P.O. Box 238  
Columbus, MT 59019

Carbon County Alcohol and Drug  
Program  
P.O. Box 482  
Red Lodge, MT 59068

Lampson  
Suite 240, Broadwater Center  
928 Broadwater Ave.  
Billings, MT 59101

## Region IV

### Tri-County Alcoholism Services— (all outpatient)

Alcohol Counseling and Educational  
Center  
300 North Willson, Suite 801H  
Bozeman, MT 59715

Dillon Alcohol Services  
State Bank & Trust Bldg.  
P.O. Box 1152  
Dillon, MT 59725

Madison County Alcohol Program  
P.O. Box 907  
Ennis, MT 59729

Problem Drinking Center of Park  
County  
414 East Callendar  
Livingston, MT 59047  
(Outpatient)

White Sulphur Springs Alcohol  
Satellite  
Box 688  
White Sulphur Springs, MT 59645  
(Outpatient)

Alcoholism Service of Anaconda/  
Deer Lodge County  
100 West Park  
Anaconda, MT 59711  
(Outpatient)

Powell County Alcoholism Center  
309 Missouri  
Deer Lodge, MT 59722  
(Outpatient)

Community Alcoholism Services  
12 South Idaho  
Butte, MT 59701  
(Outpatient)

Butte Indian Alcohol Program  
2 East Galena  
Butte, MT 59701  
(Outpatient, intermediate care,  
transitional living)

Boyd Andrew Service Center  
219 North Rodney  
Helena, MT 59601  
(Outpatient, intermediate care,  
transitional living)

Transitional Living Facility for Men  
410 9th Avenue  
Helena, MT 59601

### Satellite Office—Outpatient

Jefferson County Alcohol Services  
P.O. Box 602  
Boulder, MT 59632  
(Also serves Whitehall—287-3219)

Teton County Alcohol and Drug  
Abuse Services  
P.O. Box 1201—Courthouse  
Choteau, MT 59422

Broadwater County Alcohol Services  
Courthouse Annex  
Townsend, MT 59644

Shodair Adolescent Program  
840 Helena Avenue  
P.O. Box 5539  
Helena, MT 59604

Sunrise Ranch  
2245 Head Lane  
Helena, MT 59601

CARE Unit  
St. James Community Hospital  
Continental Drive  
Butte, MT 59701



Galen State Hospital AT&R  
Route 1, Galen  
Deer Lodge, MT 59722  
(Detox, inpatient care)

Montana State Prison  
Chemical Dependency Program  
Deer Lodge, MT 59722  
(Outpatient, correctional facility)



## Region V

Regional Chemical Dependency Program  
Missoula Alcohol Services  
725 West Alder  
Missoula, MT 59801

Transitional Living Facility  
330 East Main  
Missoula, MT 59801  
(*Outpatient, intermediate care,  
transitional living*)

### Satellite Office—Outpatient

Mineral County Alcohol Services  
P.O. Box 745  
Superior, MT 59872

Ravalli County Chemical Dependency  
Services, Inc.  
P.O. Box 902  
Hamilton, MT 59840  
(*Outpatient*)

Missoula Indian Alcohol and  
Drug Program  
304 West Broadway  
Missoula, MT 59801  
(*Outpatient*)

Flathead Alcoholism and Drug  
Abuse Center  
P.O. Box 270  
Ronan, MT 59860  
(*Detox, intermediate care, outpatient*)

P.O. Box 757  
Polson, MT 59860

Alcohol Service Center of  
Lincoln County  
P.O. Box 756  
Libby, MT 59923  
(*Outpatient*)



St. Patrick's Hospital CDU  
500 West Park  
Missoula, MT 59801  
(*Detox, inpatient*)

### Satellite Office—Outpatient

County Building  
Box 403  
Eureka, MT 59917

Sanders County Chemical  
Dependency Program  
P.O. Box 940  
Thompson Falls, MT 59873

Also serves Plains, MT 59859  
(*Tues., Wed., Thurs., 8-5*)

Flathead Valley Chemical Dependency  
Services  
P.O. Box 1511  
Kalispell, MT 59901  
(*Outpatient*)

Swan River Youth Forest Camp  
Chemical Dependency Program  
P.O. Box 99  
Swan Lake, MT 59911  
(*Outpatient, correctional facility*)

## Service Providers (Drug)

Montana Drug Program  
Administrative Office  
Department of Institutions  
1539 11th Avenue  
Helena, MT 59620

Open Door  
100 West Park  
P.O. Box 758  
Anaconda, MT 59711

Rimrock Foundation  
P.O. Box 30374  
801 North 27th  
Billings, MT 59107

Gallatin Council on Health  
and Drugs  
P.O. Box 1375  
Bozeman, MT 59715

Changes  
64 West Broadway  
Butte, MT 59701

Lighthouse  
Residential Drug Treatment Center  
Route 1, Galen  
Deer Lodge, MT 59722

Providence Center  
920 4th Avenue North  
Great Falls, MT 59401

Boyd Andrew Service Center  
Drug Program  
219 North Rodney  
Helena, MT 59601

Flathead Valley Chemical  
Dependency Services  
38 East Washington Street  
P.O. Box 1511  
Kalispell, MT 59901

Missoula Drug Treatment Program  
725 West Alder  
Missoula, MT 59801

Kaleidoscope Drug Center  
Flathead Reservation Area  
P.O. Box 270  
Ronan, MT 59860

## NATIONAL RESOURCES

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Al-Anon Family Group Headquarters  
P.O. Box 182  
Madison Square Station  
New York, NY 10017  
(212) 473-6200  
*Variety of general information*

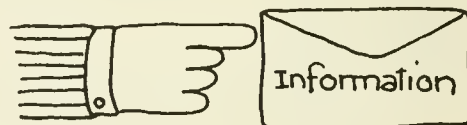
Alcoholics Anonymous  
P.O. Box 459  
Grand Central Station  
New York, NY 10017  
(212) 473-6200  
*Variety of general information*

Community Intervention, Inc.  
220 South 10th Street  
Minneapolis, MN 55403  
(612) 332-6537  
*Training, consultation, publications*



International Association of Lions Clubs  
300 22nd St.  
Oak Brook, IL 60570  
(321) 986-1700  
*Variety of general information*

National Clearinghouse for Alcohol  
Information (NIAAA)  
P.O. Box 2345  
Rockville, MD 20852  
(301) 468-2600 or 1-800-638-2405  
*Free federally sponsored materials about  
alcohol and alcoholism; wide audience  
range*



National Clearinghouse for Drug  
Abuse Information (NIDA)  
5600 Fisher Lane  
Rockville, MD 20852  
(301) 468-2600 or 1-800-638-2045  
*Free federally sponsored information,  
intended for a wide audience*

National PTA  
Alcohol and Drug Publications  
700 North Rush Street  
Chicago, IL 60611  
*Variety of general information*

PRIDE (Parent Resources and  
Information on Drug Education)  
Georgia State University  
University Plaza  
Atlanta, GA 30303  
(404) 658-2548  
*Variety of general information*

Region 8 Training and Development  
Center  
U.S. Department of Education  
Alcohol/Drug Abuse Education Program  
USDE/ADAEP  
100 Webster, Suite 204  
Oakland, CA 94607  
(415) 452-0901  
*Technical assistance in program develop-  
ment; publications and resource sharing  
network*

Pyramid  
Prevention Branch  
Division of Resource Development  
National Institute on Drug Abuse  
3746 Mt. Diablo Blvd, Suite 200  
Lafayette, CA 94549  
(415) 939-6666 or 1-800-638-2045  
*Technical assistance in program develop-  
ment*



## CURRICULUM RESOURCES

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### Programs

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#### Children are People, Inc.

A chemical-dependency prevention program for children age 5-12. The program includes a K-6 school curriculum and training program to assist in the implementation of support groups for children.

☛ Children are People, Inc., Chemical Dependency Prevention Programs, 1599 Selby Avenue, St. Paul, MN 55104.

#### Drinking, Driving, Deciding

An alcohol education curriculum for driver education classes consisting of three mini-courses and a resource supplement. The guide is divided into four-hour, six-hour, and eight-hour mini-courses with day-by-day activities for the teacher and students. Included in the curriculum are a wide variety of teaching resources to meet the stated goal of helping students make responsible decisions about their use of alcohol, especially as it relates to driving.

Some methods used to enhance decision-making involve: a) learning to identify physical and behavioral effects of alcohol; b) understanding blood alcohol content; c) discriminating between responsible and irresponsible decisions about drinking; d) identifying laws relating to use of alcohol (and other drugs) and driving; e) identifying feelings and attitudes about the use of alcohol/drugs and how they influence decisions; and f) identifying ways of coping with social pressures.

☛ Candis Compton, Highway Traffic Safety, Montana Department of Justice, 303 N. Roberts, Helena, MT 59620.

## **Here's Looking At You**

The ESD #121 Alcohol Education Curriculum Project of King County, Washington, offers: a field-tested school curriculum for grades K-12 which can stand alone or be integrated into existing curricula; a teacher's instructional manual and accompanying kits of teacher aids for each grade level; a field-tested teacher training workshop model with a training guide for implementing teacher-training workshops; and a design for using trained teachers to educate other teachers in their schools.

☛ Comprehensive Health, 20014 Pacific Highway S., Seattle, WA 98188.

## **If You Drive . . . What About Drinking?**

An instructional packet for driver education instructors, designed to teach three hours on the topic of alcohol and driving. Included are a "Teacher's Guide to Alcohol Countermeasures," a set of 16 colorful overhead transparencies (or slides), and a student book, "You . . . Alcohol and Driving." The course actively involves students in homework assignments and discussions—in three class periods, each of which has knowledge, attitudinal, and behavioral objectives.

☛ Jim Manion, Montana Automobile Association, 607 N. Lamborn, Helena, MT 59601.

## **ME/ME, Inc.**

A drug prevention education program for elementary level children. It was originally developed as an ESEA Title III Program in Appleton, Wisconsin, in response to a need for such a program. The ME/ME Program has been shown to: 1) increase student's feelings of self-worth; 2) increase student's decision-making ability; 3) improve student's attitude toward proper and improper use of drugs; and 4) increase student's information about drugs. Inservice training for interested elementary teachers supplements the program materials. Follow-up activities are also provided.

The U.S. Office of Education has recognized this program as a national model. At present, it is being disseminated nationally by the National Diffusion Network (NDN) and is being replicated by schools in 25 states.

☛ ME/ME, Inc., 400 South Linwood Avenue, Appleton, WI 54911, (416) 735-0114.

## **Ombudsman: A Classroom Community**

A drug abuse prevention program disseminated by the National Diffusion Network of the National Institute of Education. Designed for elementary and high school students, the program helps students learn about their values, communication skills, decision-making, and helping relationships. The program's three phases—self-awareness, group skills, and ombudsman—were designed to help off-



set a number of psychological and attitudinal “high risk” relationships to the use of drugs.

☛ Ombudsman, 1416 East Morehead St., Charlotte, NC 28204.

### **Positive Action**

A direct-instruction self-concept program which systematically guides students to positive self-regard through lessons that emphasize physical, intellectual, and emotional excellence. The program is taught by classroom teachers—grades 1 through 6, 20 minutes per day, four days per week—for the full school year. Positive Action has been widely tested by teachers and students in a variety of school settings and has been independently and empirically evaluated during the past five years.

☛ Positive Action, Carol Allred, P.O. Box 2347, Twin Falls, ID 83301.

### **Preventing Alcohol Abuse**

A three-level curriculum that presents students with a realistic, factual, non-judgmental approach to alcohol use and abuse. The curriculum consists of an elementary unit, junior high unit, and high school unit.

☛ Contact your local beer wholesaler or Executive Secretary/Counsel, Montana Beer and Wine Wholesalers Association, P.O. Box 124, Helena, MT 59601.

### **TALK Project**

A drug and alcohol awareness/prevention training program for parents and teenagers.

☛ TALK Project Coordinator, Bozeman Public Schools, P.O. Box 520, Bozeman, MT 59715.

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## **Media Kits**

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### **Life Skills for Mental Health**

Designed to introduce teachers and other adults to a role they can play in helping young people learn about themselves and their relationships with others. It supports the school's partnership with family in fostering a young person's total growth. A resource for general classroom use, the activities are organized into Leader's Guides for four age ranges: 5-8, 9-11, 12-14, and 15-18.

☛ Georgia Department of Human Resources, Division of Mental Health and



Mental Retardation, Prevention Unit, 618 Ponce De Leon Avenue, NE, Atlanta, GA 30300.

### **On the Level**

A multimedia series for adolescents (grades 8-12) on personal and social growth. The series includes twelve 15-minute programs about conflict, family relationships, self-concept, stress, peer groups, friendship, love, prejudice, alone/lonely, accepting feelings, careers, thinking.

The On the Level, Inside/Out, and Self-Incorporated series was developed by a consortium of state and provincial education agencies under the management of AIT (Agency for Instruction Television).

☛ Montana State Audiovisual Library, State Capitol, Helena, MT 59620, (406) 449-3170; or Health Department Film Library, Cogswell Building, Helena, MT 59620.

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**The use of drugs or alcohol is frequently a response to feelings such as boredom, frustration, and peer pressure, or a search for senses of well-being and belonging. By offering alternative approaches to the fulfillment of human needs, drug and alcohol use can be diminished.**

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### **Self, Incorporated**

A classroom television/film series that helps 11-13 year-olds cope with the emotional and social problems that confront them. The project features: 1) fifteen 15-minute color programs designed to stimulate open discussion and private reflection by children in the age group; 2) a teacher's guide with activities for use before and after each program; 3) teacher-training workshop materials; and 4) program evaluation and teacher's guide.

Self, Incorporated gives teachers and other adults an effective means of stimulating youngsters to reflect on and talk candidly about their concerns, to become aware of the choices available to them, and to understand the consequences of their actions.

☛ Montana State Audiovisual Library, State Capitol, Helena, MT 59620 (406) 449-3170 or Health Department Film Library, Cogswell Building, Helena, MT 59620 (406) 449-3444.

## The Most Important Person Series

A multimedia program to help children (K-3) develop a positive self-image. The program consists of 50 animated 16mm or 8mm films with a variety of self-concept activities involving drama, songs, posters, and puppets. *The Most Important Person* contains nine units focused on: attitudes, body movements, creative expression, feelings, senses, getting along with others, health and your body, identity, nutrition.

The program was produced by Sutherland Learning Associates, Inc., and developed under contract with the U.S. Department of Health, Education and Welfare, Office of Child Development.

■ Montana State Audiovisual Library, State Capitol, Helena, MT 59620 (406) 449-3170.

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## Audiovisuals

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The following 16mm films can aid in curriculum units on drug and alcohol use. The films are available through the Montana State Audiovisual Library, Office of Public Instruction, State Capitol, Helena, MT 59620. You must order these films through your local school district film coordinator. Costs per film range from \$3 to \$6.50, depending on length. (List price is current as of May 1983.)

- 8423     *Alcoholism and the Family: Summer We Moved to Elm St.*  
1975; 7-12, C; Color; 28 min.

The plight of an alcoholic beginning his descent into the maelstrom of progressive disintegration is tragically portrayed in this film. The relationship between members of the family as seen through the eyes of a nine year-old child provides the audience with an understanding of the nature of the drinking problem, its symptoms and effects.

(Alcoholism)  
(Family)  
(Drug Abuse)  
(Social Problems)

- 8764     *The Drinking Driver*  
1976; 10-12, A; Color; 28 min.

Kent McCord, co-star of the TV series *Adam 12*, describes an interesting and unique driving test. At Central Missouri State University a representative group drive a prescribed course while they are rated on their ability to handle various situations. Following a cocktail party at which each driver is allowed to drink as much as he desires, he again drives that same course. The results of that test present the audience with some solid evidence why the drinking driver should not get behind the wheel.

(Drug Abuse)  
(Alcohol)  
(Driver Education)  
(Traffic Safety)  
(General Motors Series)

- 8399      *Drinking: How Will Charlie Handle It?*  
1975; 7-12; Color; 14 min.  
Alternating between scenes of a discussion among teenagers about drinking and scenes of Charlie Winters and his friends, this film illustrates social and cultural pressures which can influence teenagers' decisions about drinking. This open-ended film is neither for nor against drinking, and is designed to promote audience discussion on personal decisions about drinking.  
(Alcohol)  
(Drug Abuse)  
(Group Pressure)  
(Social Problems)
- 9221      *None for the Road*  
Color; 12 min.  
Shows result of social drinking.  
(Automobile Driving)  
(Driver Education)
- 9225      *Post-Mortem*  
Color; 15 min.  
Shows the danger involved for motorists who use drugs and the effect that these drugs have on their driving skills.  
(Automobile Driving)  
(Driver Education)
- 9236      *Split Second*  
Color; 12 min.  
Measuring reaction time for both drinking driver and non-drinking driver on reaction machine. Shows results both in lab and in vehicle on road.  
(Automobile Driving)  
(Driver Education)
- 9273      *Teen-Age Drinking and Driving*
- 8936      *Teenage Turn-On: Drinking and Drugs*  
1979; 9-12, C, A; Color; 37 min.  
The problems of alcohol and drug abuse are examined with particular attention to alcohol abuse among 12-18 year-olds. A major sequence focuses on a primary treatment center in Minneapolis where young people try to overcome their addiction to alcohol and other drugs. Includes a test for parents and young people designed to help them recognize the symptoms of alcohol abuse.  
(Alcohol)  
(Drug Abuse)
- 9240      *There's a Message in Every Bottle*  
Color; 25 min.  
An objective motion picture about alcohol and the teenager. It is through the very fairness and reasonableness of the presentation that this film holds real meaning and persuasion to the young.  
(Automobile Driving)  
(Driver Education)

9241      *Verdict at 1:32*  
Color; 22 min.

This is a documentary dramatically depicting the effects of alcohol on the brain. It follows the lives of two persons to their untimely deaths. Each drank before they drove, and in so doing sentenced themselves. This film should not be shown to children; but for high school and adult groups, it is a real eye-opener.

(Automobile Driving)  
(Driver Education)

The following ¾-inch Sony video tape is available on a free loan, first come, first served basis from the Office of Public Instruction, Department of Special Services, State Capitol, Helena, MT 59620. Call 449-3693 to arrange for use.

The film is also available in a 16mm format on a free loan basis from the Highway Traffic Safety Division, 303 N. Roberts, Helena, MT 59620.

#### *EPIDEMIC! KIDS, DRUGS AND ALCOHOL.*

This video tape addresses the issue of youthful drug abuse; marijuana smoking and its damaging effects on the body; the deadly combination of teenage drinking and driving; and the influence of music, TV, motion pictures, and peer pressure on America's drug culture. The tape has been endorsed by the National Education Association. Included for use with the tape is a discussion guide with different activities.

The following 16mm films are available through the Film Library, State Dept. of Health and Environmental Sciences, Cogswell Building, Helena, MT 59620. Films are loaned free on a first come, first serve basis.

#### *ALCOHOL AND DRUGS? MAKING THE DECISION*

Color; 26 min.

Most of us fail at something some time or other. It is not uncommon to experience fear or feelings of inadequacy upon occasion. But are these sufficient reasons to look to alcohol or drugs for escape? Apparently the one person out of ten who becomes addicted thinks so. The other nine know that there are alternatives which lead to a more productive life. This film explores techniques which people can use to avoid or overcome dependence on drugs or alcohol.

Too often we make excuses for ourselves which have little or no validity. We blame our failures on parents, friends, teachers, bosses, society, or the world in general when, instead, we should be searching for those inner fears which affect self-confidence and lead to artificial ways of coping and unproductive lifestyles.

Humor, satire, and documentary vignettes are used to guide the viewer to creative decision-making and to explore alternatives to the alcohol and drug scene.

Suggested uses: Jr. high to adult rehabilitation programs; health, guidance, social, and community viewing.

#### *ALCOHOL, DRUGS OR ALTERNATIVES*

1975; Color; 25 min.

This is an exploration of alternatives to young people's dependence upon drugs and alcohol. Described as "not just another film on drugs or alcohol—the old scare stuff," an attempt is made to tell it as it is, documenting observations from "half-way house" residents who readily admit the alternatives aren't easy—but the potential rewards are worth the battle. How do feelings of inadequacy influence a person's life and who is responsible for these feelings—parents, peers, teachers? Some positive techniques are presented as substitutes for dependence on artificial stimulants and depressants.

Suggested uses: Youth and adult groups.



### *ALCOHOLISM AND THE FAMILY*

1978; Color; 43 min.

Father Joseph Martin discusses how the family of the drinking alcoholic is affected by the disease of alcoholism. The effects of alcoholism on the family before and after sobriety are described, and Father Martin emphasizes that sobriety is just the beginning in solving the family ills.

Suggested uses: General audiences.

### *AN OUNCE OF PREVENTION*

1978; Color; 14 min.

In recognition that young children and teenagers can be alcoholics, Bill Cosby, Fat Albert, and the other Cosby Kids suspect that 13 year-old Lucius is having problems because he drinks. The point is made that children should go to their parents when they have a problem.

Suggested uses: Elementary grades.

### *A STEP IN TIME*

1982; Color; 29 min.

Young people are surrounded from birth with messages about alcohol use and its acceptability. Young people are frequently unaware of the harmful consequences of early alcohol use, and often drift into patterns of alcohol consumption without consciously making a rational decision. This film does an excellent job of carefully depicting the consequences of several different drinking decisions.

Suggested uses: Driver education, health education, elementary, junior and senior high youth.

### *BARBARA MURRAY*

1976; Color

A non-drinking substitute teacher finds herself conducting a class discussion of whether alcohol is "good" or "bad." A cartoon sequence shows the origins and history of beverage alcohol in a variety of cultures. Much factual information on differing religious and ethnic customs about drinking is provided. This and examples of peer pressure among adults emphasize that drinking or non-drinking should be a matter of conscious personal choice.

Suggested uses: Junior and senior high school.

### *BITTER WIND*

1972; Color; 25 min.

Filmed on an Indian reservation, this is the story of a prosperous Indian rancher and the tragic consequences of his excessive use of alcohol. The story traces his progressive drinking pattern and vividly portrays the family suffering caused by his problem.

Suggested uses: Indian audiences or those who work with Indians.

### *BUT IF YOU LIVE . . .*

1983; Color; 15 min.

*But If You Live . . .* focuses on high school students' attitudes toward drinking and driving. It features interviews with teens who survived DWI accidents but were left permanently disabled and with a parent who lost a teenage daughter. "If we're ever to control the highway carnage caused by drunk drivers, we have to impress upon teens now just learning to drive that getting behind the wheel after drinking is not only illegal—it's suicidal," said James S. Kemper, Jr., Kemper Group board chairman and member of the Presidential Commission on Drunk Driving.

Suggested uses: Teenagers, driver education.

### *CHALK TALK ON ALCOHOLISM*

1974; Color; 60 min.; 2-part

Narrated by an ex-alcoholic priest. All of us have attitudes about alcohol—e.g., the West was won by alcohol, "have met many people too smart to get sober," etc. There are 18 million alcoholics today; one in 36 gets well—others die. Stresses that as drinking of coffee is learned, drinking of alcohol is learned. Reasons—people drink to feel good. Alcohol is a sedative drug and alcoholism is addiction to it.



Emphasizes the fact that alcoholics need sobriety to find out if they need psychiatric attention. Alcoholism kills through cirrhosis, accidents and choking. Alcoholism is a family disease—they get sicker than the alcoholic and also need treatment. Alcoholics drink because they cannot not drink. Suggested uses: High school, adult.

### *COLLISION COURSE*

1975; Color; 18 min.

A traffic safety film which depicts the perils of drinking while driving. Deals with the specific effects of alcohol on driving.

Suggested uses: Youth and adult groups.

### *DIALOGUE ABOUT DRINKING*

1982; Color; 24 min.

This includes unrehearsed responses to questions on alcohol and driving organized into four topic areas: effects of alcohol, effects of alcohol on driving, alcohol and the law, and is there a way to solve the problem. The forum is designed to encourage viewer participation in discussing attitudes on drinking and actual drinking-driving behavior. Many contradictory opinions are expressed, so the discussion leader must be knowledgeable about the topic area to dispel inaccurate information.

Suggested uses: Driver education.



### *DRUGS & ALCOHOL: VIABLE ALTERNATIVES*

Color; 28 min.

The film deals with the results of boredom and the search for instant gratification by so many people. Complaining of too little to do and not enough money to do it, drugs and alcohol are used as the answer of the moment. The film answers the question of what people need to feel a lasting fulfillment with their lives. Through role play and discussion we discover this to be a matter of values clarification and realistic goal setting. The focus of the film is on the inconvertible truth that each individual is responsible for his/her own behavior.

Suggested uses: Alcohol and drug treatment programs; junior high to adult viewing.

### *DWI DECISION*

Color; 35 min.

Using the concepts of Transactional Analysis the film shows the effect drinking alcohol has on ego states of the individual. It explains the sabotaging effects alcohol has on judgment and decision-making, and also addresses the synergistic effects of polydrug use—alcohol in combination with other drugs.

Suggested uses: Driver education, alcohol education.

### *FOR PARENTS ONLY: WHAT KIDS THINK ABOUT MARIJUANA*

1980; Color; 28 min.

This film shows teenagers speaking candidly about their reasons for using marijuana. Parent reactions are also shown. Good film to generate discussion, but young viewers could interpret it as a marijuana advocacy film unless discussion is led by a knowledgeable person. *This film is not intended for children. Knowledgeable professional should be available to lead discussion after showing.*

Suggested uses: Alcohol and drug treatment programs, mental health organizations.

## GUIDELINES

1976; Color; 45 min.

Father Martin discusses guidelines in helping the alcoholic.  
Suggested uses: Youth-adult groups.

## IT CAN'T HAPPEN TO ME

Color; 25 min.

Lisa and Rick are young alcoholics, both are in their teens, and both experience problems that directly relate to their drinking. Rick has an accident at school due to his drinking and is sent to an alcoholic treatment center. While he is gone, Lisa continues to drink and is suspended from the cheerleading squad when a supervisor discovers alcohol in her purse.

When Rick returns, he tries to make Lisa realize that she must stop drinking. She is offended by his "accusations" and does continue to drink, until she witnesses the death of a friend due to drinking and driving. She and Rick begin to attend AA meetings together when she realizes that it could have been her killed in the accident. *It Can't Happen to Me* is a hard-hitting film that is realistic and points out the peer pressure problems of teenage alcoholism.

Suggested uses: Jr. high to high school; community and school programs.

## JOEY AND ME

Color; 10 min.

A seventh grade boy's reminiscences about his pal, Joey, provide unexpectedly potent comment on drinking, smoking, drug abuse, and other ills as a beginning help in decision-making for young viewers. Joey's own problem with an alcoholic mother is the prime vehicle for introducing and discussing actions that can affect one's entire life. The narrator remembers the talks he had with Joey about drinking, sneaking cigarettes, and "running with the gang," which in a non-preaching way present ideas upon which to base thinking. Joey is killed in a car accident after a party, but the narrator remembers Joey for teaching him some important attitudes for decision-making.

Suggested uses: Grades 5-9; drug and alcohol discussion for young viewers.

## LIKE FATHER, LIKE SON

1976; Color

Young Jim's problem is excessive drinking by his father, who recently lost his job. The boy is studying alcohol abuse prevention at Jackson Jr. High and wants to help his dad, but "Big Jim" goes into a rage when the topic is mentioned. What is "too much" drinking? These questions are posed, but your students must research the answers.

Suggested uses: Junior high-high school.

## LIVING SOBER—THE CLASS OF 76

1976; Color; 29 min.

This film investigates the practical questions and the challenges in getting and staying sober. It explores topics such as: alcohol and business; a social life without alcohol; how to refuse a drink; forgiveness; sex and sobriety; expanding horizons; relapses; living decisively; and a life of continuing quality. It demonstrates and encourages acceptance of the recovered alcoholic as a valuable, contributing member of society.

Suggested uses: Senior high-adult.

## LISA: LEGACY OF SANDRA BLAIN

Color; 22 min.

Three months after her alcoholic mother's funeral, Lisa herself is already drinking heavily. The pattern is repeated in Lisa's inability to see that she has a drinking problem, in her increasing incapacity at work, and finally, in her inability to cope. When her boyfriend breaks up with her, a combination of pills and alcohol nearly kills her. Saved by a young woman at work (herself a recovered alcoholic), Lisa enters a recovery program.

As Lisa progresses, counselor Jan DuPlain, specialist with young women alcoholics, explains the need for a total recovery program—mental, physical, and spiritual. She also discusses the unique

problems confronting young women alcoholics, and encourages viewers to take the first step of seeking help. A wide variety of community agencies offering help are mentioned.

The film dramatically and sympathetically shows that there is help for the young woman alcoholic, if the problem is caught in time.

Suggested uses: Teenagers, adults; school, business, community and alcohol and drug programs.

### *MARIJUANA, DRIVING, AND YOU*

Color; 13 min.

Methodically and reasonably, this film identifies the sought-after effects of a marijuana high—the feeling of euphoria, the narrowed field of awareness, the altered sense of time. With equal and compelling reasonableness, these effects are related to the perceptions and judgments called for in safe, defensive driving. It's clear from the evidence that marijuana denies a driver full command over these perceptions and judgments. The risks of mixing marijuana with alcohol and other drugs—even otherwise harmless prescription drugs—are also shown. The evidence—and the film—are very well-documented and persuasive. Straightforward approach to the subject.

Suggested uses: Driver education and drug awareness programs, junior high to adult.

### *MEDICAL ASPECTS, PART I*

Color; 25 min.

This film presents, for the layman, a clinical picture of the deleterious effects of relatively minimal quantities of alcohol on specific organs of the human body.

Suggested uses: Adults.

### *MEDICAL ASPECTS, PART II*

Color; 25 min.

The film presents the effects of alcohol on the central nervous system and the brain. The material is presented by Dr. Max Schneider but his audience consists of laymen.

Suggested uses: Senior high or adults.

### *99 BOTTLES OF BEER*

Color; 23 min.

The film is appropriate for all discussion groups and classroom situations concerned with the problem of today's youth—their attitudes, their feelings. The producers did not predetermine the contents; instead they went to the young people and asked them how to make the film. The film is non-judgmental. It simply relates actual experiences, and viewpoint is exhibited. Young people come to their own conclusions.

Suggested uses: High school-adult; all young people who want to understand themselves better and adults who care enough to listen.

### *PSYCHOACTIVE*

1975; Color; 28½ min.

The film shows how the nine systems of the human body are affected by each of the five classifications of psychoactive drugs. The film also explores other factors such as tolerance, withdrawal, and dependence. The information presented is the most current as gathered through practical experience and research at the Haight-Ashbury Drug Detoxification and Rehabilitation Project in San Francisco.

Suggested uses: Junior high-adult; classes in biology or drug education; educational TV; drug programs and for any group that needs facts and not feelings about psychoactive drugs.

### *REDS, WHITES AND BOOZE*

1974; Color; 30 min.

A graphic satirical presentation of family life in our drug comfort-oriented society, the film follows a teenage girl through realities and fantasies. The film is based on the idea that the solution to our "problem" lies within. All of us—young and old alike—have indulged in some form of



chemical comforts. We must understand ourselves first and then try to understand others; the best medium for this understanding is the family.

Suggested uses: Junior high-adult.

### *ROMANCE TO RECOVERY*

Color; 34 min.

The family is a basic but complex social unit. It thrives on feelings and fantasies in a love-filled atmosphere, but only family can talk about family. Then along comes alcoholism. The scales of tolerance and understanding are weighted down with denial, guilt, and remorse. The once romantic and relaxed relationship gradually deteriorates until it divides the family unit with each side sick in its own way.

This is the story of Dick and Jane, Rickie and Janie in their typical predictable, but preventable alcoholic/co-alcoholic relationship. It follows them through cover-up, manipulation, medical complications, child abuse, remorse, separation, revenge, and reunion. But, most important, it focuses on the recovery of both the alcoholic and the co-alcoholic. The movie explains why the co-alcoholic is as sick or sicker than the alcoholic, but with emphasis on what both can do about it.

Suggested uses: High school to adult alcohol programs.

### *ROUTE ONE*

1976; Color

Patches has a hangover—no small problem for a 200-lb. St. Bernard. An 8th grade science class begins with his problem as they discuss alcohol's effects. A cartoon sequence follows alcohol through the bloodstream. Biochemical effect of various levels of alcohol intake are presented as are important value-oriented issues including responsibility and the widespread use of alcohol by all ages for purposes of ceremony and celebration.

Suggested uses: Junior high-high school.



### *SOFT IS THE HEART OF A CHILD*

1978; Color; 28 min.

This prize-winning film shows the effects of alcoholism on a family, particularly three young children. It is dramatic, moving, and useful for generating discussion. This film emphasizes ways in which school teachers and counselors can recognize an alcoholism problem and assist children in coping with it.

Suggested uses: Parents, teachers, general audiences.

### *SO LONG PAL*

Color; 25 min.

The film depicts an individual convicted of driving while intoxicated and shows the serious overall implication of such an offense. With the input of new and factual information, the individual is offered a chance to make new decisions, change attitudes about drinking and driving and, therefore, behaviors.

Suggested uses: Driver education.

### *STONED: AN ANTI-DRUG FILM*

Color; 30 min.

Jack is shy and spends all his time with his older brother, Mike, who is outgoing, athletic and confident. When Mike finally explodes at Jack's dependence, Jack is hurt and takes up with a group of guys that teach him to get "high." Jack continues to get high, despite warnings from a teacher, and his school work and attendance drop.

Mike begins to worry about Jack and invites Jack to help him work out by rowing a boat while Mike swims alongside. Jack, stoned, accidentally hits Mike with an oar and Mike nearly drowns, but certainly will be unable to enter a state swimming championship he has worked long and hard to win. Jack, devastated by what almost happened, is on the verge of confessing everything to his father, when Mike claims that Jack saved his life. In doing so, he gives the younger boy a chance to gain the confidence and self-respect he needs. Jack rejects drugs and makes strides to be himself—drug-free.

Suggested uses: Junior high to adult drug information/education.

### *TEST TRACK*

Color; 20 min.

This film shows the effects of drinking alcoholic beverages on driving skill. A number of people from a wide range of ages and occupations drove through a test track twice—once sober and again after drinking and having blood alcohol content determined. It was shown that even very low blood alcohol levels drastically and dangerously affected the driving scores of all drivers, even the professional driver.

Suggested uses: Driver education.

### *THE PARTY'S OVER*

1976; Color

Fred crashes Sarah's quiet teenage party, bringing some wine to "liven things up." The results: disruption and antisocial behavior that goes beyond Sarah's ability to cope. While responsibility and maturity are key issues, external influences on behavior and attitudes are illustrated. These include parental example and peer pressure.

Suggested uses: Junior high-high school.

### *THE SOCIAL DRINKER AND THE ANTI-SOCIAL DRIVER*

Color; 16 min.

Facts and figures show that the social (occasional) drinker is more of a hazard to himself and other road users than is the alcoholic. If you drink, never drive, because whether you know it or not, your vision and functioning are impaired. Some of the sequences in the film feature the work of Dr. Slade Hulbert, UCLA Institute of Transportation and Traffic Engineering, and Jack Bishop, USC. Demonstrated are the effects of alcohol on a person's peripheral vision.

Analytical statistics concerning many automobile accidents are also provided and the film ends with a dramatization of a typical roadside test, the arrest, and subsequent jailing of a driver who has been drinking.

Suggested uses: Junior high to adult alcohol and driver education.

### *UNTIL I GET CAUGHT*

1980; Color; 30 min.

This contemporary film discusses issues of drinking and driving—social attitudes, laws, and some alternative actions. It combines factual information and personal experiences in an effective manner to demonstrate the dangers of driving while intoxicated. Social attitudes of America and Sweden are compared.

Suggested uses: Community education about drinking and driving; DWI Court School; high school and adult.

### *UNDER THE INFLUENCE*

Color; 30 min.

Several people are asked to practice driving on a course designed to measure coordination and reaction time. After the drivers are familiar with the course they are asked to drink alcoholic beverages until their blood alcohol concentration reaches .10 percent (Montana's legal limit). When each drives the course while intoxicated, it is very apparent that all are impaired and unable to drive in a safe and reasonable manner.

Suggested uses: Driver education.



*UP FRONT*

1979; Color; 30 min.

A conversational format is used with a group of drug users, former addicts, and treatment professionals discussing why drugs are used. Many reasons are presented: to get high, peer pressure, to escape from problems. What happens when these reasons are no longer valid and use has become abuse is also discussed. A good film to generate discussion.

Suggested uses: Junior high-adult.

The following multimedia slide presentation is available through the Highway Traffic Safety Division, 303 N. Roberts, Helena, MT 59620. The presentation is made by the Highway Traffic Safety Division upon appointment and at no cost.

*FRIDAY NITE LIVE*

1983, Color, 15 min.

This multi-media slide presentation, adapted for Montana, addresses the issue of alcohol use and abuse among adolescents, the consequences, and alternatives.

Suggested uses: Junior and senior high school.

School: \_\_\_\_\_

Address:

We have used the following resources in our program and give them a rating of (check one):

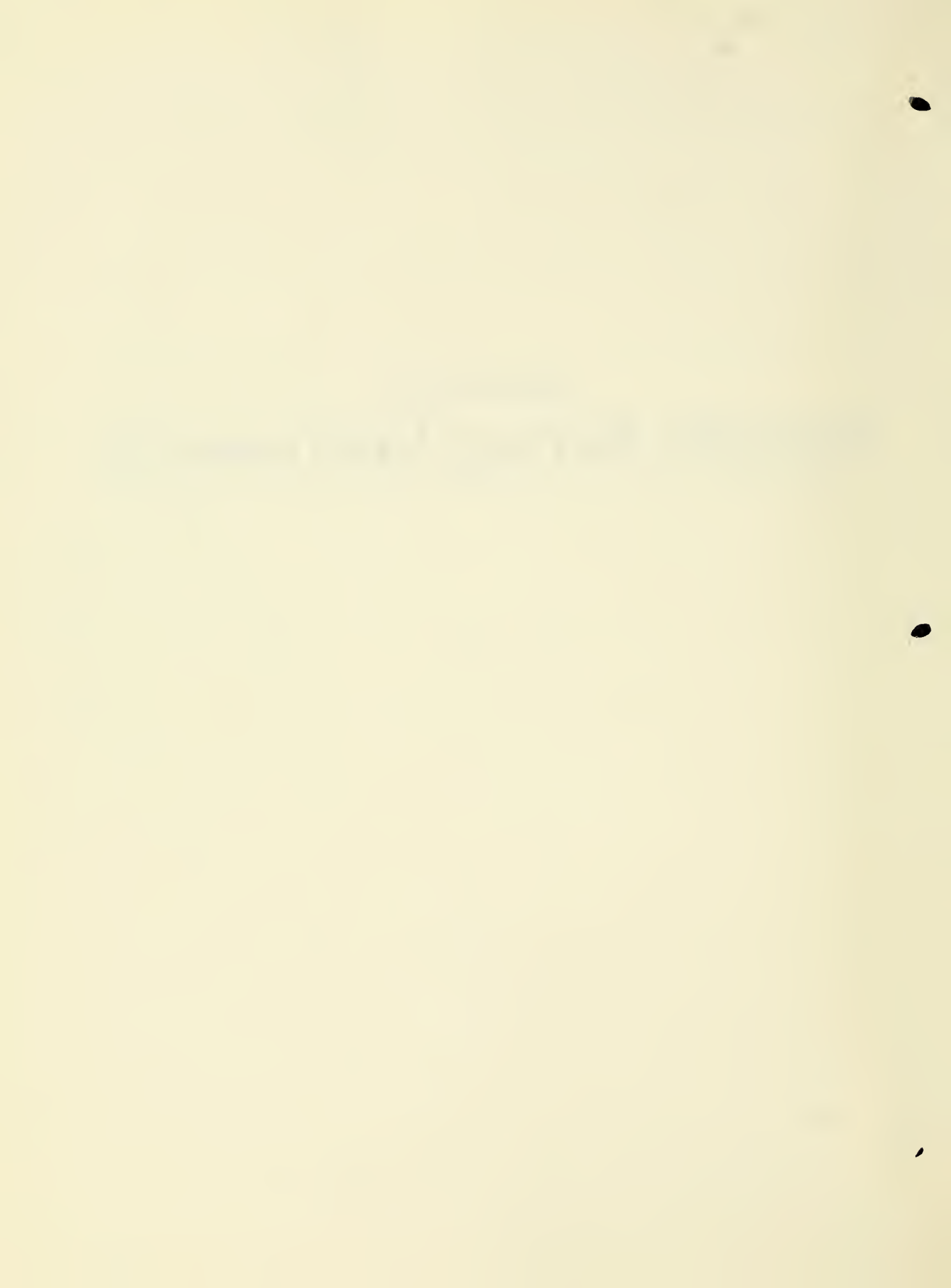
NAME OF RESOURCE	EXTREMELY HELPFUL	HELPFUL	NOT HELPFUL	COMMENTS

47



Appendix A

# **Sample Survey Instruments**





## Great Falls, Montana

Please answer every question by drawing a circle around the letter(s) of your choice(s). You are encouraged to circle *all* appropriate answers.

Sex:      a. Male      b. Female

## 51

8. How often do you use?
  - a. daily      b. weekly      c. monthly      d. special occasions only      e. I do not use
9. What do you usually use?
 

a. beer and/or wine	e. acid
b. hard liquor	f. tranqs
c. marijuana	g. other drugs
d. speed	h. I do not use
10. My school has a program to help kids who use alcohol and/or drugs.
  - a. yes      b. no      c. I don't know
11. I know a teacher on the chemical awareness team.
  - a. yes      b. no
12. I have driven when I was using.
  - a. yes      b. no      c. I don't drive
13. I have ridden in a car driven by someone who was under the influence of alcohol and/or drugs.
  - a. yes      b. no
14. If a person is drunk, coffee can help him/her sober up.
  - a. yes      b. no      c. I don't know
15. Beer drinkers can become alcoholics.
  - a. yes      b. no      c. I don't know
16. Alateen is for children whose parents have a drinking problem.
  - a. yes      b. no      c. I don't know
17. Alcohol will affect you less after a meal than before a meal.
  - a. yes      b. no      c. I don't know
18. Normally, when people drink, they tend to lose their physical coordination before they lose their judgment or concentration.
  - a. yes      b. no      c. I don't know
19. I have used (you may choose more than one answer):
 

a. acid	e. heroin
b. speed	f. downers
c. tranqs	g. glue or paint sniffing
d. cocaine	h. none
20. I think that someone in my family (parent, brother, sister) now has a problem with alcohol or other drugs.
  - a. yes      b. no      c. possibly
21. I have seen others using within my school—on school grounds or at school sponsored activities.
  - a. yes      b. no
22. I have seen others high within my school—on school grounds or at school sponsored activities.
  - a. yes      b. no

23. Alcoholism is:
- a. a hopeless problem
  - b. something people with no willpower bring on themselves
  - c. the same as drunkenness
  - d. an illness which can be treated
  - e. when someone needs a drink all the time.
24. If you are at a party where alcohol and/or drugs are available, do you:
- a. use none
  - b. use to be sociable
  - c. use to get high
  - d. use until supply is gone
25. Do you think you have a problem with alcohol and/or drugs?
- a. yes      b. no      c. possibly
26. There are groups available in the school for students who:
- a. are caught using
  - b. have returned from treatment
  - c. are concerned about the use of a family member
  - d. are concerned about staying straight
  - e. none of the above

**Part II—Choose the answer that best describes how you feel now.**

27. There should be a legal drinking age.
- a. strongly agree      b. disagree      c. no opinion      d. agree      e. strongly agree
28. I think the legal drinking age should be higher than it is.
- a. strongly disagree      b. disagree      c. no opinion      d. agree      e. strongly agree
29. As long as a person keeps out of trouble, it's all right for that person to drink as much as he/she wishes.
- a. strongly disagree      b. disagree      c. no opinion      d. agree      e. strongly agree
30. Drinking is a good way to feel better when you're down.
- a. strongly disagree      b. disagree      c. no opinion      d. agree      e. strongly agree
31. The use of alcohol is safer than the use of marijuana.
- a. strongly disagree      b. disagree      c. no opinion      d. agree      e. strongly agree
32. Driving while using is okay.
- a. strongly disagree      b. disagree      c. no opinion      d. agree      e. strongly agree
33. Marijuana should be legalized.
- a. strongly disagree      b. disagree      c. no opinion      d. agree      e. strongly agree
34. I think the school chemical program is great.
- a. strongly disagree      b. disagree      c. no opinion      d. agree      e. strongly agree
35. If someone close to me has a drinking problem it's best to tell someone I trust about it.
- a. strongly disagree      b. disagree      c. no opinion      d. agree      e. strongly agree
36. I will talk to someone on my school's CORE (CA/RE) team if I have a problem concerning alcohol and/or drugs.
- a. strongly disagree      b. disagree      c. no opinion      d. agree      e. strongly agree

37. Chemical problems are a family matter and have no place in the school.  
a. strongly disagree    b. disagree    c. no opinion    d. agree    e. strongly agree
38. A student who is caught using or under the influence should be required to attend drug/alcohol classes (Insight).  
a. strongly disagree    b. disagree    c. no opinion    d. agree    e. strongly agree

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## Alcohol and Other Drug Use Survey

### Havre School District

During the last 30 days, how many times did you use each of the following drugs on your own—that is, without a doctor's prescription?

*Please circle only one  
for each item.*

Product						
Chemical Names	Common Names	Number of Times Used During Last 30 Days				
1. Tobacco nicotine	cigarettes, cigars pipesmoking, chew	0	1-9	10-15	16-19	20+
2. Alcohol ethanol ethyl alcohol	beer, wine liquor, mixed drinks booze	0	1-9	10-15	16-19	20+
3. Marijuana cannabis hashish hash oil THC, Tetrahydrocannabinol	pot, grass hash, hemp dope, joint	0	1-9	10-15	16-19	20+
4. Hallucinogens LSD, mescaline PCP, peyote	acid angel dust	0	1-9	10-15	16-19	20+
5. Stimulants amphetamines dexadrine cocaine	speed, uppers dex, diet pills coke, snow	0	1-9	10-15	16-19	20+
6. Tranquilizers Librium, Libritabs Valium Somnifex, Compose	tranqs	0	1-9	10-15	16-19	20+
7. Depressants barbiturates, Quaaludes Compose	barbs, downers yellows reds	0	1-9	10-15	16-19	20+
8. Somatics Pyrotamine	sleepers, fireballs	0	1-9	10-15	16-19	20+
9. Inhalants glue, nitrites gasoline, solvents aerosol sprays		0	1-9	10-15	16-19	20+
10. Narcotics heroin, Darvon morphine, codeine	H, horse junk, smack	0	1-9	10-15	16-19	20+





Appendix B

# **Sample Referral Forms**

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# FOCUS REFERRAL FORM

West High, Billings, Montana

If a student exhibits one or more of the following *observable behaviors*, it may indicate a health problem and the need for referral. If a troubled student is to be helped, it is necessary to communicate these observations to a FOCUS contact person. *Please place this form in an envelope, mark confidential, and place in the FOCUS mailbox.* \* Thank you for caring.

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Class \_\_\_\_\_ Period \_\_\_\_\_ Person Referring \_\_\_\_\_

Check appropriate responses. Add specifics which may be valuable in assessment.

**A. Class Performance:**

- ☐ Lower grades, lower achievement
- ☐ Always behind in class
- ☐ Alibis, elaborate excuses
- ☐ Lack of motivation, apathy

Specific Data: \_\_\_\_\_

**B. Attendance:**

- ☐ Frequent absences
- ☐ Absent from class, but in school
- ☐ Tardiness
- ☐ Frequent need to leave classroom
- ☐ Suspension or restrictions on passes

Data: \_\_\_\_\_

**C. Extracurricular Activities:**

- ☐ Loss of eligibility
- ☐ Increasing non-involvement
- ☐ Dropping activities

Data: \_\_\_\_\_

**D. Physical Signs:**

- ☐ Glassy, bloodshot eyes, dark glasses
- ☐ Unsteady gait
- ☐ Smelling of alcohol or pot
- ☐ Lack of usual coordination
- ☐ Slurred speech
- ☐ Nausea, vomiting
- ☐ Bad hygiene or grooming
- ☐ Drowsiness, sleeping in class
- ☐ Physical complaints or injuries

Data: \_\_\_\_\_

**E. Disruptive Behaviors**

- ☐ Defiance of rules, constant discipline
- ☐ Irresponsibility, blaming, denying
- ☐ Fighting, sudden outbursts, verbal abuse

- ☐ Cheating
- ☐ Throwing objects, defiant littering
- ☐ Obscene language, gestures
- ☐ Dramatic attention-getting
- ☐ Crying
- ☐ Constantly in wrong area
- ☐ Overstimulated, nervousness
- ☐ Extreme negativism

Data: \_\_\_\_\_

**F. Typical Behaviors**

- ☐ Seen loitering in parking lot
- ☐ Talks freely about drug use
- ☐ Avoids contact with staff/peers
- ☐ Erratic day-to-day behavior changes
- ☐ Change of friends, usually negative
- ☐ Sudden popularity
- ☐ Constant "older" contacts, social group
- ☐ Cannot be touched
- ☐ Sexually uninhibited or publicly intimate
- ☐ Time disorientation
- ☐ Unrealistic goals
- ☐ Inappropriate responses
- ☐ Depression
- ☐ Defensive, irritable, manipulative
- ☐ Withdrawn, a loner
- ☐ Sharing personal problems with no apparent resolution
- ☐ Indicates family problems, runs

**G. Others express concern about behaviors**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*The Family Educational Rights and Privacy Act provides that this information is available to members of the professional staff, but prohibits the sharing of the information with any third party.

# Observed Behavior Report Form

Havre High School

AWAREness

Date \_\_\_\_\_  
Grade \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_

Student \_\_\_\_\_  
Person Referring \_\_\_\_\_  
Position \_\_\_\_\_

This form is not a referral but rather is a report of observed behavior that may interfere with learning and could be a warning signal that a student needs special assistance. All reports will be kept confidential and will not become a part of a student's permanent records. Due process necessitates that this information, if requested, be made available to the student or parents. Check the behaviors that have been noticed:

Please seal this form in an envelope, address it to AWAREness, and leave it with the principal's secretary.

## A. Performance in Classroom or

### Extracurricular Activity

\_\_\_\_\_ Lowered achievement  
\_\_\_\_\_ Academic failure/loss of eligibility  
\_\_\_\_\_ Increasing lack of concern/non-  
involvement  
\_\_\_\_\_ Lack of motivation, apathy  
\_\_\_\_\_ Non-cooperation  
\_\_\_\_\_ Often absent, excuses  
\_\_\_\_\_ Frequently tardy  
\_\_\_\_\_ Frequent need to leave room/activity  
\_\_\_\_\_ Dropping out or threatening to  
\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Hypersensitive to touch  
\_\_\_\_\_ Extreme weight loss  
\_\_\_\_\_ Dilated pupils  
\_\_\_\_\_ Intentional defiance of rules  
\_\_\_\_\_ Fighting  
\_\_\_\_\_ Cheating  
\_\_\_\_\_ Alibis, elaborate excuses, lies  
\_\_\_\_\_ Obscene language, gestures  
\_\_\_\_\_ Irritable, defensive  
\_\_\_\_\_ Sudden outbursts, verbal abuse  
\_\_\_\_\_ Seeks advice without specific problem  
\_\_\_\_\_ Change of friends  
\_\_\_\_\_ Erratic behavior changes  
\_\_\_\_\_ Sudden popularity/sought-out  
\_\_\_\_\_ Older social group, adult contacts  
\_\_\_\_\_ Unrealistic goals  
\_\_\_\_\_ Others have expressed concerns about  
behavior  
\_\_\_\_\_ Other \_\_\_\_\_

## B. Observed Behaviors

\_\_\_\_\_ Staggering or stumbling  
\_\_\_\_\_ Smelling of alcohol or pot  
\_\_\_\_\_ Vomiting, nausea  
\_\_\_\_\_ Glassy, bloodshot eyes  
\_\_\_\_\_ Slurred speech  
\_\_\_\_\_ Physical complaints  
\_\_\_\_\_ Physical injuries  
\_\_\_\_\_ Neglect of personal appearance  
\_\_\_\_\_ Sleeping in class, drowsiness  
\_\_\_\_\_ Lethargic, stares, vacantness  
\_\_\_\_\_ Anxious, overstimulated  
\_\_\_\_\_ Extreme negativism, self/others  
\_\_\_\_\_ Depression, crying  
\_\_\_\_\_ Talks of suicide  
\_\_\_\_\_ Withdrawn, loner  
\_\_\_\_\_ Frequents west parking lot  
\_\_\_\_\_ Consistently wears jacket  
\_\_\_\_\_ Time disoriented  
\_\_\_\_\_ Converses about drugs/alcohol use  
\_\_\_\_\_ Writes or draws drug/alcohol symbols  
\_\_\_\_\_ Sexually uninhibited or publicly intimate

## C. Specific Information or Incident

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When were behaviors first noticed? \_\_\_\_\_

For how long has this behavior been apparent? \_\_\_\_\_



Appendix C

# **Sample School Policies**

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# **Policy and Procedures—School District 7 and 7-70**

## **Laurel, Montana**

### **Policy**

1. School District 7 and 7-70 recognize that chemical dependency is a treatable health problem which affects all age groups.
2. Schools share the responsibility in student problems because they often interfere with school behavior and student learning processes.
3. The following policy on chemical dependency has been adopted by the School Board of District 7 and 7-70.

#### **A. Staff Policy**

The district's responsibility for chemical dependency is limited to its effects on the employee's job performance. For purposes of this policy, chemical dependency is defined as an illness in which an employee's consumption of mood-altering chemicals repeatedly interferes with job performance and adversely affects health.

Supervisors will implement this policy in such a manner that an employee with chemical dependency will not have job security or promotional opportunity affected either by the diagnosis itself or by the employee's request for treatment.

If the employee refuses to accept diagnosis and treatment, or fails to respond to treatment, and the result of such refusal or failure is such that job performance continues to be affected, it will be handled as any other illness. Implementation of this policy will not require or result in any special regulation, privileges, or exemptions from the standard administrative practice applicable to job performance requirements.

The confidential nature of the medical records of employees with chemical dependency shall be preserved in the same manner as for all other medical records.

#### **B. Student Policy**

The student policy on use or possession of illegal drugs or alcohol covers all school functions on school premises at any time of day and night. Also covered are trips taken by Laurel School students when they are under school sponsorship, whether or not on a bus or in private or public transportation.

Penalties for use or possession of illegal drugs or alcohol involving all extracurricular activities can be found in the Board Policy Handbook, or on the pledge sheet each student and parent must sign before a student can participate in that activity. These rules and regulations will be enforced if the offense occurs during the school day or at *any* school-related function under the jurisdiction of the school district.

##### **1. First Occurrence**

- a. Parent or guardian notified and advised to take student to detox center or hospital if student appears to be under the influence of or in possession of alcohol or drugs. Proper authorities will be notified. In the event parents or legal guardians cannot be reached, the student will be released to the proper authorities.
- b. The student will receive a 3-day in-school suspension. The student will be reinstated at a parent conference with the administration. This is followed by a meeting with an Alert Team member. A release of information will be signed at this time.
- c. An Alert Team evaluation is requested.

## **2. Second Occurrence**

- a. Parent or guardian notified and advised to take student to detox center or hospital if student appears to be under the influence of or in possession of alcohol or drugs. Proper authorities will be notified. In the event parents or legal guardians cannot be reached, the student will be released to the proper authorities.
- b. The student will receive a 3-day out-of-school suspension and be excluded from *all* extracurricular activities for the remainder of each activity, but not to exceed one semester or 90 days from the date of the infraction. The student will be reinstated after a formal evaluation by an authorized agency is completed.

## **3. Third Occurrence**

- a. Parent or guardian notified and advised to take student to detox center or hospital if student appears to be under the influence of or in possession of alcohol or drugs. Proper authorities will be notified. In the event parents or legal guardians cannot be reached, the student will be released to the proper authorities.
- b. The student will receive a 3-day out-of-school suspension and the administration will recommend expulsion from school for the balance of the semester to the Board of Trustees.

## **C. Procedures—Referral Team**

1. Referral team will gather data relating to the student referred—by contacting staff members who have observed student on a daily basis, checking records and any other possible sources available.
2. Members of the referral team will meet to discuss implication of data and decide upon a subsequent course of action, which may include:
  - a. Preassessment interview with student.
  - b. Conference involving student, staff members, parent(s), concerned person, or any combination of above.
3. Based on action taken in (2) above, a decision is made regarding whether or not treatment and/or professional assessment steps are needed. If treatment is recommended, it may include:
  - a. Attendance at information session relating to chemical use, abuse, and dependency.
  - b. Participation in support group for specified period.
  - c. Enter supervised treatment.
  - d. Other (community programs, church, etc.).
4. Referral team contacts students and parent(s) regarding preassessment interview and any recommendations for assessment and/or treatment. A course of action is then agreed upon and implementation begins.
5. Members of the referral team, students, parent(s), and concerned persons meet periodically to follow up and assess progress and revise treatment program.
6. Referral team informs administrators and concerned staff of recommendations.
7. Referral team maintains accurate records of progress and meets with student, parent(s), concerned staff and administration as needed to assess progress and keep persons directly involved informed.

## D. Confidentiality

*The Family Educational Rights and Privacy Act* provides that this information is available to members of the professional staff, but prohibits the sharing of the information with any third party.

Any non-compliance with these procedures on the part of the parent or student will be dealt with by the administration.

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*Reprinted courtesy of Laurel School District 7 and 7-70, Laurel, Montana.*



## **School Policy on Drugs and Alcohol**

### **Great Falls Public Schools**

#### **737 Student Involvement with Narcotics, Hallucinogens, Drugs, Stimulants or Alcohol\***

##### **737.1 *Rationale***

The learning atmosphere of any school is directly affected by student attitudes and conduct in the formal school setting as well as in extracurricular activities. The Board of Trustees recognizes the responsibility of the school to regulate the school atmosphere in order to provide the opportunity for maximum achievement on the part of all students. The Board of Trustees further recognizes the possible adverse effect of student involvement with narcotics, hallucinogens, drugs, stimulants, and alcohol on academic success and the development and maintenance of good mental and physical health. Therefore, the Board of Trustees established the following policy.

##### **737.2 *Disposition of Offenders***

1. A student who illegally supplies narcotics, hallucinogens, drugs, stimulants, or alcohol to another person while subject to the control of the school as set forth in Section 75-6310 RCM 1947, may be expelled from school.
2. A student who illegally supplies narcotics, hallucinogens, drugs, stimulants or alcohol to another person regardless of time or location may be expelled from school.
3. A student who uses or possesses narcotics, hallucinogens, drugs, stimulants, or alcohol at school or school functions, or appears at school or school functions showing evidence of having used narcotics, hallucinogens, drugs, stimulants or alcohol, may be suspended or expelled from school.
4. A student who uses or possesses narcotics, hallucinogens, drugs, stimulants or alcohol may forego the privilege of participating in extracurricular activities.

##### **737.3 *Definitions***

1. *Expulsion* shall be defined as the exclusion from school by action of the Board of Trustees for the remainder of the current semester with the loss of all credit for courses being taken during that current semester, or exclusion for an additional period of time at the discretion of the Board of Trustees.
2. *Suspension* shall be defined as temporary exclusion from school at the discretion of the principal.
3. *School functions* shall be defined as activities sponsored by the school (regardless of location) and any activity where the student represents the school (regardless of location).

\*Adopted January 20, 1969, p. 1398

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### **Student Code (Excerpt)**

#### **Great Falls Public Schools**

7. School regulations apply at school, on school grounds, going to and from school and off the school grounds at school related activities. A student shall not aid or encourage another person in conduct prohibited by this code.

## B. Code of Conduct

Students shall conduct themselves in an orderly manner which does not infringe upon the rights of others or cause harm to person or property. The following are examples of misconduct that are in conflict with this basic principle.

1. *Disruption of school.* A student shall not disrupt school by profanity, force, noise, threat or other disorderly conduct.
2. *Threats, assault or harassment.* A person shall not cause physical injury to another person. A student shall not harass or make fun of another person. Action taken in self-defense shall not be considered misconduct under this rule.
3. *Vandalism.* A student shall not intentionally damage or destroy property belonging to the school or others.
4. *Theft.* A person shall not steal property belonging to the school or others. A person shall not knowingly possess stolen property.
5. *Drugs, alcoholic beverages or intoxicants.* Students are not to use, be under the influence of or possess drugs, alcoholic beverages or intoxicants at any time while under the supervision, jurisdiction or control of the school. Punishments for violations of this regulation are described below.

*Note:* For purposes of this regulation, possession of drugs, alcoholic beverages, or intoxicants shall be classified into two categories:

1. Minor—possessing small amounts obviously intended for personal use.
2. Major—possessing amounts large enough to indicate intent to sell or supply to others.

In lieu of invoking any of the disciplinary procedures listed in this section, the principal may extend the offer of participation in an approved substance abuse program. Failure to comply with the requirements of the program would cause the appropriate disciplinary procedures of this code to be enforced.

a. Violators who have attained the age of 16 and have completed the eighth grade:

1. Any such student found guilty of using, having used and exhibiting the evidence of use, or in major possession of drugs, alcoholic beverages or intoxicants *in school during the regular school day* shall be disciplined in the following manner:

The parent or guardian shall be given the option of withdrawing the student from school for the remainder of the current semester with no credit being granted for courses in which the student is currently enrolled. If the parent or guardian does not exercise the option of withdrawing the student, the principal shall instigate expulsion.

2. *Incidental offenses.* Students guilty of minor possession or who have used drugs, alcoholic beverages or intoxicants but are not obviously under their influence and who are *not* unruly, disruptive or a menace to their own health and safety or that of others shall be:

—suspended from school

—readmitted only on probation

—prohibited from taking part for the remainder of the semester in any extracurricular activity in which they are currently participating. Additionally, the students shall not be allowed to participate in any subsequent extracurricular activity for a period of 30 school days from the date of the infraction.

A *second* incidental offense by a student during any one school year shall be classified as *flagrant*.

- c. Coaches and sponsors of extracurricular activities may, with the approval of the principal, establish additional rules and regulations concerning student involvement with drugs and alcohol which will govern participation in a particular activity. Such rules and regulations may not be in conflict with the student code and must be made known to all students participating in the activity.
6. *Weapons and dangerous instruments.* Students shall not possess firearms, ice picks, clubs, explosives (including fireworks) or any instrument whose sole or primary purpose is the infliction of bodily injury. Students in elementary and junior high schools shall not possess knives.
7. *Smoking.* A student shall not smoke or use tobacco within school buildings, grounds or buses except in high schools where a special area on the school grounds may be designated as a smoking area by the principal.
8. *Compliance with directions of administrators, teachers and other school personnel.* A student shall not disobey or refuse to obey a reasonable request or order by a teacher, substitute teacher or other employee of the school or a student who has been authorized to make the request or order.
9. *Cheating.* A student shall not use materials or notes in taking an examination except those permitted by the teacher, nor shall a student offer another's work as his or her own.
- C. **Disciplinary Proceedings—In General**
  1. Action or disciplinary matters should be carried out as soon as is reasonable after the facts are known. Students should always be informed of the nature of the offense for which they are charged.

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## **Board Policy for Students (Excerpt)**

### **Billings School District**

#### **528P Chemical Use, Abuse, and Dependency**

The school district recognizes that chemical dependency is a treatable illness. Health problems of youth are primarily the responsibility of the home. Community and school share in that responsibility because chemical problems often interfere with behavior, learning, and the fullest possible development of each student.

The district, wishing to intervene in the disease process, will have personnel contact students manifesting signs of inappropriate behavior and make an effort to both educate and aid them.

- A. The Billings School District recognizes that chemical dependency is a treatable health problem.
- B. Health problems of youth are primarily the responsibility of the home and community, but schools share in that responsibility because chemical dependency problems often interfere with school behavior, student learning, and the fullest possible development of each student.
- C. The responsibility for a chemical dependency program for students in the school setting is a shared one.
  - 1. The administration has overall responsibility for developing and proposing possible school chemical dependency programs to the Board of Education and implementing one. Included in this overall responsibility is the dissemination of pertinent information concerning the chemical dependency program to students, employees, and the community at large.
  - 2. The certified staff is responsible for assisting in program development and for reporting inappropriate behaviors to allow for the implementation of the adopted programs.
  - 3. The Board of Education, in conjunction with certified staff and administration, shall meet annually to review success, failure or pertinence of the program. The Board is responsible for providing funding for the program.

## **Board Policy for Employees (Excerpt)**

### **Billings Public Schools**

#### **661P Employee Assistance Policy Statement**

The School District recognizes that a wide range of problems not directly associated with one's job function can have an effect on an employee's job performance. In most instances the employee will overcome such personal problems independently and the effect on job performance will be negligible. In other instances, normal supervisory assistance will serve either as motivation or guidance by which such problems can be resolved so the employee's job performance will return to an acceptable level. In some cases, however, neither the efforts of the employee nor the supervisor has the desired effect of resolving the employee's problems and unsatisfactory performance persists over a period of time, either constantly or intermittently.

The School District believes it is in the interest of the employee, the employee's family and the District to deal with chemical dependency, and personal-emotional problems. Therefore, it is the policy of the School District to handle such problems within the following framework:

The School District recognizes that personal-emotional problems and chemical dependency are highly complex illnesses that often can be treated successfully.



The purpose of this policy is to assure that any employee suffering from personal-emotional problems and/or chemical dependency will receive the same careful consideration as employees with other illnesses.

For the purpose of this policy, chemical dependency problems are defined as illnesses in which the employee's consumption of alcoholic beverages and/or use of drugs, definitely and repeatedly interferes with his or her job performance and/or health. Personal-emotional problems are defined as problems that definitely and repeatedly interfere with the employee's job performance and/or health.

The District believes that one of the basic functions of a supervisor is to identify poor job performance and to take corrective action. It is recognized, however, that supervisors do not have the professional qualifications to permit *any* judgment as to whether or not an employee is suffering from chemical dependence or personal-emotional problems. Proper corrective action, then, is to refer the employee to a community resource for professional diagnosis and treatment referral. We believe diagnosis and treatment should be accomplished, as with all other illnesses, by outside treatment sources.

The District considers the moral stigma often associated with chemical dependence and personal-emotional problems to be both fallacious and out-of-date. We expect that an enlightened attitude and realistic acceptance by the District of these conditions as illnesses will serve to overcome this stigma and will help to get those employees who are afflicted with these illnesses to treatment. Referral for diagnosis or acceptance of treatment will not jeopardize an employee's job security or promotional opportunities. An individual's participation in a treatment program will remain confidential and will not be made a part of his/her personnel records.

The District believes that an employee's job performance may also be affected when a member of his/her family is afflicted with personal-emotional problems and chemical dependence. For this reason, we extend the same offer of referral assistance.

It is the responsibility of the employee to comply with referral for diagnosis and to cooperate with properly prescribed treatment. When an employee refuses to accept assistance, diagnosis or treatment, or if he or she fails to respond to treatment or assistance, the administrator, manager or supervisor will handle the situation as he or she would any other problem of deteriorating job performance.

An employee who has chemical dependence or personal-emotional problems, whether or not they affect his or her work performance, is encouraged to seek assistance voluntarily on a confidential basis by contacting appropriate community resources.

Implementation of this program will not require or result in any special regulations, privileges or exemptions from the standard administrative practices applicable to job performance, except as may be outlined in a labor/management agreement. The fact that an employee accepts, rejects, or fails to respond to treatment or assistance for chemical dependence or personal-emotional problems in no way diminishes his or her responsibility to meet the required performance standards of his/her job.

Adopted 5-10-82

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*Reprinted courtesy of Billings School District, Billings, Montana.*



## **Section I—Policy and Regulations**

### **Havre School District**

#### **b) School Board Expulsion Statement**

The Board recognizes expulsion as a legitimate means of insuring appropriate student conduct and discipline. Insofar as school authority and responsibility extends, if the morals of any student are deemed to be of a nature detrimental to the school and other students, then possible expulsion of that student will be considered and acted upon. Refusal to comply with school regulations, willful and continued disobedience and open defiance of the authority of a teacher or principal is recognized by law as justifiable cause for expulsion. (School Laws of Montana, 1981, Section 20-5-202 and 20-4-302.)

Expulsion shall be defined as the exclusion from school by action of the Board of Trustees for the remainder of the current semester with the loss of all credit for courses being taken during that current semester or exclusion for an additional period of time at the discretion of the Board of Trustees.

1. The following procedure will be implemented for all expulsion cases:
  - a. A student being considered for recommended expulsion and the student's parents or guardian will receive notification of the intent from the principal or designee.
  - b. The student, parent, or guardian will be provided the opportunity for a hearing by the recommending principal or designee.
  - c. If the principal or designee does not reinstate the student, the principal will make the request for expulsion in writing and send the request to the Superintendent and Board Chairperson.
  - d. A copy of the letter will be sent to the student/parent or guardian and will contain the list of reasons for the recommended expulsion.
  - e. The student, parent, or guardian will be informed by the principal or designee that the student is entitled to a hearing before the Board and to be represented by counsel if they so choose.
  - f. The Board, after the hearing, will act upon the principal's or designee's request.
  - g. If a hearing was not requested by the student, parent, or guardian, the Board will convene to act upon the principal's or designee's request for expulsion.

#### **c) School Board Policy Statement**

#### **d) School District Regulations**

##### **Abuse of Drugs and Alcohol:**

It is the intent of the Board of Trustees of the Havre Public Schools to keep the schools of this District as free as possible from narcotics, drugs and alcohol, or other intoxicants, as well as the harmful effects that such substances may have on the lives of the students attending the various schools in the District. It is also the intent of the Board of Trustees to provide students with an educational program which is preventive in nature and designed to help students who are having problems related to drugs and/or alcohol.

The Board of Trustees recognizes that chemical dependency is a treatable illness. Health problems of youth are primarily the responsibility of the home. However, the community and school

share responsibility in chemical dependency problems because they often interfere with behavior, learning, and the fullest development of each student. Early intervention in the disease process is desired by the Board of Trustees and, as a result, district personnel will contact students manifesting signs of inappropriate behavior and make an effort to both educate them and aid them.

The administration has overall responsibility for developing and implementing a Trustee approved drug and alcohol prevention and intervention program. All district personnel are responsible for assisting in the program development and implementation.

1. The principal of each school building is charged with the responsibility of insuring that a relevant, ongoing educational program focusing on drugs and alcohol use and abuse is being offered at their respective schools. The major thrust of the instructional program should be drawn from the District's Health and Physical Education program, the District's Social Studies program, the District's Science program, and the District's Traffic Education program. It is important that ongoing programs be provided at elementary, junior high, and high school levels which are preventive in nature and involve students, staff, and community. The educational staff is responsible for assisting in program development and for reporting inappropriate behaviors to allow for the implementation of the adopted program.
2. Each case of a student under the influence or in possession of drugs and/or alcohol on school premises and/or at a school function shall be considered on its own merits as a unique problem requiring a unique decision by the school staff. Any action shall be based upon an attempt to deal with causes of behavior as well as the symptoms.
3. Any student of the Havre Public School District who possesses, furnishes, or uses drugs, alcohol, or other intoxicants on school premises and/or at a school function, shall be subject to suspension, expulsion, or other disciplinary action. In addition, any offense will be reported to the Police Department, who will proceed as they see fit.
4. Any student who pushes or sells drugs, alcohol, or other intoxicants on school premises and/or at a school function, shall be recommended to the Superintendent and the Board of Trustees for expulsion and will be reported to the Police Department, who will proceed as it sees fit.

#### e) High School Regulations

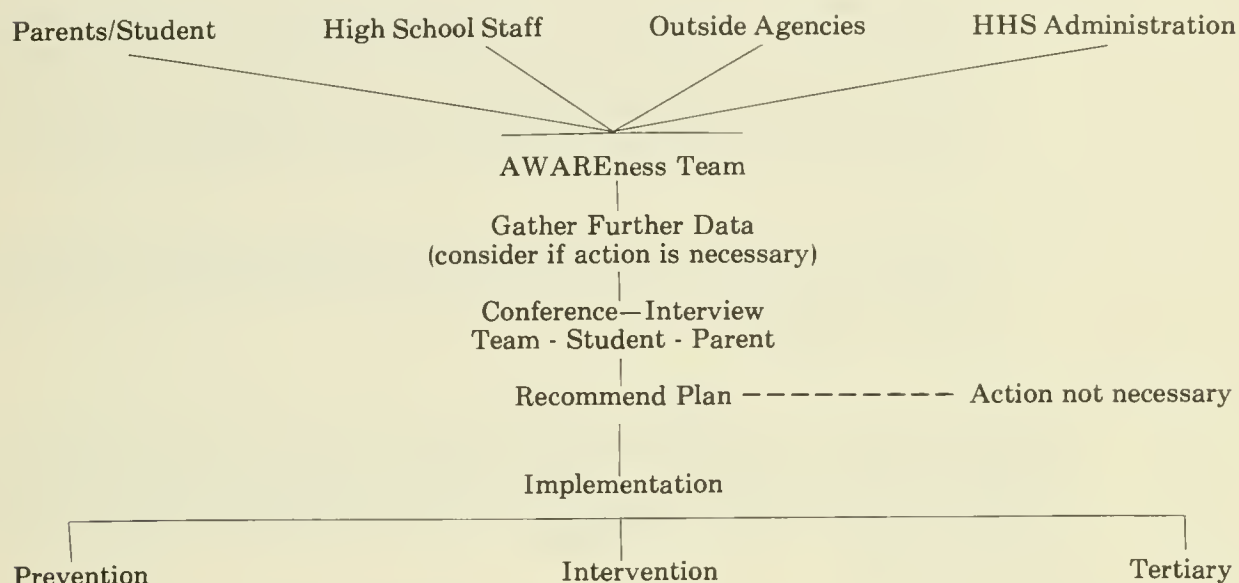
1. *Possession, use, or being under the influence of drugs and/or alcohol: Serious Offense.* The use of drugs and/or alcohol is not only illegal in the case of most high school students, but it is also harmful to their minds and bodies. A student under the influence of or in possession of drugs and/or alcohol on school property or while in attendance at a school function shall be suspended, and the case shall be investigated by the school AWAREness Team.
  - a. The AWAREness Team shall meet to deliberate student drug- and/or alcohol-related offenses. Their major focus is preventive and rehabilitative in nature and designed to help students who are having problems related to drugs and/or alcohol.
  - b. The school's AWAREness Team is composed of a core group of teachers, counselors and administrators who have been trained in prevention and intervention techniques. Their training has stressed an understanding of chemical dependency, an assessment for the need of evaluation and treatment, how to deal with families of chemically dependent persons, how to confront suspected abusers, and how to effectively lead group discussions.
  - c. The schematic below (page 73) outlines the referral process for drug and/or alcohol abuse cases as well as disruptive behavior situations. The AWAREness Team will insure that the administration is informed of the recommendations.

#### TERM EXPLANATION

**Primary Prevention:** The focus is on individuals who have not experienced any serious problems as a result of their drug use. It is a proactive process which provides individuals with the needed resources to constructively confront stressful life conditions and enables them to live a personally satisfying, productive and enriching life.

**Intervention:** The focus is on individuals who have some problems and concerns as a result of drug use. It involves a substance abuse program providing services which are usually non-scheduled, short-term and referral-oriented.

**Tertiary Prevention:** The focus is on individuals who have severe problems as a result of their drug use. It is treatment of the problems and providing individuals with the needed resources to live constructive and fulfilling lives.



### Prevention

#### *School Activity*

Concerned Student Group  
Changing Families Group  
Peer Helper Program  
H.S. Counselors

#### *Non-School Activity*

Parent Support Group  
United Parents of Havre  
AlAnon, Alateen  
Adult Education Classes  
Private Counseling

### Intervention

#### *School Activity*

Insight Group

#### *Non-School Activity*

Mental Health Center  
Professional Assessment  
Private Counseling

### Tertiary

#### *School Activity*

None

#### *Non-School Activity*

Treatment Centers  
A.A.

2. Any student who uses alcohol and/or drugs, possesses alcohol and/or drugs, or is under the influence of alcohol and/or drugs or any intoxicants on school premises or while in attendance at a school function will be suspended from school.
  - a. If a student is suspected of being under the influence or in possession of drugs and/or alcohol, he/she is to be taken immediately to the administrative office of the school.
  - b. The school principal, or his/her designee, shall be notified immediately of the suspicions regarding the student and shall question and observe the student.
  - c. If, in the opinion of the two members of the school staff, the student is deemed to be under the influence of drugs and/or alcohol and/or in possession of such, the parents of the student will be informed. In addition, the offense will be reported to the Police Department, who will proceed as it sees fit.



- (1) *First Offense*—The student and student's parents/guardians will be informed of the offense and the student will be suspended *for three days*. The student will be re-admitted to school after an administrator-parent-student conference. Part of the conference will involve information provided by the AWAREness Team. The administrator will inform the student and parent of the consequences derived from the AWAREness Team's information. If the student and/or parent refuses, then the student will be recommended for expulsion.
  - (2) *Second Offense*—The student and student's parents/guardians will be informed of the offense and the student will be suspended *for five days*. The student will be re-admitted after an administrator-parent-student conference. The AWAREness Team will once again consider the student's situation and make recommendations to the administrator. The administrator will inform the student and parent of the consequences derived from the AWAREness Team's recommendations. These consequences must be fulfilled or the student will be recommended for expulsion.
  - (3) *Third Offense*—The student and student's parents/guardians will be informed of the offense and the student will be recommended to the Superintendent and the Board of Trustees for expulsion. The student and/or parents will be informed that they are entitled to a hearing before the Board of Trustees and to be represented by counsel if they so choose.
- d. Any student expelled for failure to comply with the consequences of the offense will not be re-admitted at any time unless the student can provide evidence that he/she has successfully completed a rehabilitative program. Such evidence must be provided to the AWAREness Team. The AWAREness Team will make recommendation to the principal or his/her designee for final consideration. It is recommended that students and/or parents contact the school for information concerning program and conditions for re-entry into school.
3. *Selling or "pushing" drugs, alcohol, or other intoxicants: Major Offense.* Students involved in selling or "pushing" drugs, alcohol, or other intoxicants on school premises and/or at a school function, shall be suspended and shall be recommended to the Superintendent and the Board of Trustees for expulsion.
    - a. Prior to the recommendation for expulsion, the AWAREness Team, in cooperation with the principal, shall prepare a case study to assist the student and the parents in assessment of constructive alternatives for rehabilitation.
    - b. Expulsion procedures as outlined in Board Policy shall be followed.
    - c. Any expelled student shall not be re-admitted at any time unless the student can provide evidence that he/she has successfully completed a rehabilitative program. Such evidence must be provided to the AWAREness Team. The AWAREness Team will make recommendation to the principal or his/her designee for final consideration.

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# NOTES



